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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY		8. Farm or Lease Name State Gas Com "BQ"
3. Address of Operator 501 Airport Drive, Farmington, NM 87401		9. Well No. 1
4. Location of Well UNIT LETTER I 1850 FEET FROM THE South LINE AND 870 FEET FROM East LINE, SECTION 32 TOWNSHIP 29N RANGE 13W NMPM.		10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 5867' GL		12. County San Juan

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Set Production Casing ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 7-7/8 hole to TD of 6499' and set 4-1/2, 10.5# production casing at 6499'. Cemented production casing in two stages. The first stage was cemented with 350 sx 50:50 poz, 6% gel, 2# med tuf plug per sx and tailed in with 160 sx Class "B" Neat cement containing 0.8% fluid loss additive and 0.2% friction reducer. Cemented second stage with 895 sx, 50:50 poz, 6% gel, 2# med tuf plug per sx and tailed in with 100 sx Class "B" Neat cement containing 0.8% fluid loss additive and 0.2% friction reducer. Released rig on 10/17/79.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED \_\_\_\_\_ TITLE Dist. Adm. Supr. DATE 11/13/79

Original of \_\_\_\_\_ A. R. Kondrick  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: