Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O.Box 2088 DISTRICT II September 1980, Hobbs, NM 88240 September 2088		WELL API NO.		
		3004524167		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease	
DISTRICT III		STATE	FEE X	
1000 Rio Brazos Rd., Aztec, NM 8741	.0	x , x	6. State Oil & Gas Lease No.	
SUNDRY NO	TICES AND REPORTS ON W	VELLS		
(DO NOT USE THIS FORM FOR PE	ROPOSALS TO DRILL OR TO DEEPE	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	a
DIFFERENT RESE	RVOIR. USE "APPLICATION FOR F C-101) FOR SUCH PROPOSALS.)	PERMIT"	The state of the s	_
1. Type of Well:			Gallegos Canyon Unit	
OIL GAS WELL	OTHER			
2. Name of Operator	Attention:		8. Well No.	
Amoco Production Company 3. Address of Operator	Patty Haefele		150E	
P.O. Box 800 Denver	Colorado 80201	(303) 830-4988	9. Pool name or Wildcat Basin Dakota	
4. Well Location			Dasiii Dakuta	
Unit Letter P: 11	10 Feet From The South	Line and 79	Feet From The East	Line
Section 22	Township 29N R	Range 12W N	Themse Combine	_
Section 22		Range 12W N	IMPM San Juan	County
11. Check Ap	ppropriate Box to Indicate 1	Nature of Notice, Re	port, or Other Data	
NOTICE OF IN	TENTION TO:	SU	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDO	NMENT
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB	
OTHER:		OTHER:	Casing Repair	×
12. Describe Proposed or Completed Op	erations (Clearly state all pertinent deta	ils, and give pertinent dates, i	ncluding estimated date of starting any prop	oosed
work) SEE RULE 1103.				
Amoco Production Company h	nas performed a casing repair on	this well per the follow	ing:	
MIRUSU 10/2/06 Place down			the state of the s	
ok. Swab down casing to RBF	P. Retrieve RBP. Re-land tubing	I and pressure test casir 1. RDMOSU 10/7/96	ng from 6002' to surface at 500 ps	si, held
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			们与心理IN程位	
			OCT 1 n tage	}
			75. (0 1986 E)	
			OH GON. DHY. DIST. 3	
			DIGIT S DILY	
I hereby certify that the information abo	ve is true and complete to the best of m	y knowledge and belief.		
SIGNATURE CALLY	refele	Staff Ass	istant DATE10-08-19	996
TYPE OR PRINT NAME	Patty Haefele		TELEPHONE NO. (303)	830-4988
(This space for State Use)				
	0.1-		, _	
APPROVED BY JUNIANY	Rollinson	TITLE DEPUTY OIL & GAS	NSPECTOR, DIST. #3 OCT	1 0 199
CONDITIONS OF APPROVAL, IF ANY:			DATE	*