Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION **DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2088 3004524409 **DISTRICT II** Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X **DISTRICT III** STATE 📙 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Sanchez Gas Com B 1. Type of Well: OIL WELL OTHER 2. Name of Operator 8. Well No. Attention AMOCO PRODUCTION COMPANY Pat Archuleta 1E 9. Pool name or Wildcat P.O. Box 800 Denver Colorado 80201 303-830-5217 **Basin Dakota** 4. Well Location NORTH 850 WEST **Unit Letter** Feet From The Line and Feet From The Line 28 Section 29N 10W SAN JUAN Township **NMPM** Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 1 (1) 12. 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. MIRUSU 3/6/97. Set CIBP at 6115', test csg to 500#. Held okay. Spot cmt plug inside csg from 6115'-5981' w/12 sks CI-B cement. Spot cmt plug inside csg from 5338'-5184' w/ 12 sks CI-B cement. Spot cmt plug inside csg from 3510'-3353' w/ 12 sks CI-B cement. Spot cmt plug inside csg from 2910'-2753 w/ 12 sks CI-B cement. Spot cmt plug inside csg from 1805'-1345' w/ 35 sks CI-B cement. Spot cmt plug inside csf from 670' to suface w/ 65 sks CI-B cement. Cut off wellhead, top off csgs to surface. Install marker. **RDMOSU 3/8/97** I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Assistant 03-17-1997 SIGNATURE CA TYPE OR PRINT NAME Pat Archuleta 303-830-5217 TELEPHONE NO. (This space for State

APPROVED BY ______

TITLE Deputy DIG INSPECTOR DATE 5-6-97

CONDITIONS OF APPROVAL, IF ANY: