State of New Mexico

Form C-103

Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate
District Office Revised 1-1-89 OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 3004524431 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE DISTRICT III 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.) Bunce Com I. Type of Well: OTHER 2. Name of Operator Attention: 8. Well No. Amoco Production Company Gail M. Jefferson 3. Address of Operator 9. Pool name or Wildcat (303) 830-6157 P.O. Box 800 Denver Colorado 80201 Blanco MV/Blmfd Chacra 4. Well Location 990 North Unit Letter 1650 Feet From The Line and Line 19 10W Township Range **NMPM** San Juan County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 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 TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB 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 6/24/96. TOH w/ 1-1/4" tubing, pull on 2-3/8", seal assembly stuck, cut off tubing, fish out seal assembly and tail TIH w/tbg to 4341'. Pumped 280 sxs Class B cmt from 3,381' to 4341'. TIH w/tbg and retainer, set cement retainer at 2845'. Pumped 21 sxs Class B cmt below retainer. Sting out and spot 17 sxs Class B on top of retainer at 2795'. Spot a cmt plug inside casing from 910' to 1,480' w/81 sxs Class B cmt. Spot cmt plug from surface to 778' w/227 sxs Class B cmt. Cut off wellhead and top off casing strings. Install marker. RDMOSU 6/29/96. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Sr. Admin, Staff Asst. 07-22-1996 Gail M. Jefferson TYPE OR PRINT NAME TELEPHONE NO. (303) 830-6157 (This space for State Use)