Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised 1-1-89

DISTRICT I		OIL CON	ISERVA	TION	DIVISI	ON	WELL API	10			
P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2088							3004524446				
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210							5. Indicate	Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410								STATE _	FEE	×	
1000 KIO BIBZOS KI	u., Aztec, NM 87	410					6. State O	il & 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								lame or Unit Agreemer	nt Name	<u></u>	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)											
1. Type of Well:							-	SULLIVAN BRUCE	COM B		
OIL	GAS WELL	X	OTHER								
2. Name of Operator							8. Well No.				
AMOCO PRODUCTION COMPANY Attention Na						Nancy I. Whitaker					
P.O. Box 800 Denver Colorado 8020					303-830-50	39	Pool name or Wildcat Blanco Mesaverde/Otero Chacra				
4. Well Location											
Unit Letter	:	530 Feet From	The N	ORTH	Line a	ind19	990 _{Fee}	t From The W	EST	Line	
Section	25	Township	29N	Ra	nge 11	t W	NMPM	SAN JUAN	Cou	nty	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)											
11. No	Check A OTICE OF IN	ppropriate Bo	x to Indicate	Natur	e of Notice			ta FREPORT OF:			
			r				SEQUEN	TREFORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON						REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABA	NDON	CHANGE PI	LANS		COMMENCE	DRILLING	OPNS. [PLUG AND ABA	NDONMEN	т []	
PULL OR ALTER CASING C						ST AND CEN	MENT JOB [
OTHER: DEMAND LETTER 6/6/97					OTHER:						
12. Describe Propose	ed or Completed	Operations (Clean	ty state all pertir	nent deta	ils, and give p	ertinent date:	s, including es	stimated date of starting	g any propos	sed	
work) SEE RULI							,				
WELL WAS PXA ON	N 4/23/97 SUBSC	QUENT HAS BEE	N FILED								
									2 % <u>.</u>		
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I hereby certify that t	the information at	pove is true and co	mplete to the b	est of my	knowledge ar	nd belief.	**				
SIGNATURE Z	uca Sle	helake	, . 3		LE		ssistant		07-1997		
TYPE OR PRINT NAME	Na	ancy I. Whitak	er	111	<u> </u>		TEL	DATE EPHONE NO. 303-1	830-5039		
	=======================================										
(This space for State		01-									
APPROVED BY	shring	Robin	ison	тп	LE	M. A	in the second	DATE	_ 1 4	199 7	