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CONDITIONS OF APPROVAL, IF ANY

## State of New Mexico

Form	C-103
Revise	ed 1-1-89

to Appropriate District Office	Energy, Minerals and	d Natural Reso	ources Department		Kevised 1-1-89	,	
DISTRICT I P.O. Box 1980, Hobbs, NM 882	OIL CONSE		DIVISION	WELL API NO.			
	P.O.Box 2088				3004524868		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type	of Lease	EE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410			6. State Oil & Ga			
SUNDRY	NOTICES AND REPO	ORTS ON WI	ELLS				
	RESERVOIR. USE "APPLIC	CATION FOR PE		7. Lease Name o	or Unit Agreement Name		
1. Type of Well:	ORM C-101) FOR SUCH PI	KOPUSALS.)			s Canyon Unit Com	/D/	
OIL GA	s X OTHER						
2. Name of Operator	A	Attention:		8. Well No.			
Amoco Production Compan	Υ	Patty	/ Haefele		160E		
3. Address of Operator P.O. Box 800 Denver	Colorado	80201	(303) 830-4988	9. Pool name or	Wildcat Basin Dakota		
4. Well Location  Unit Letter N :	1110 Feet From The	South	Line and1	710 Feet From	n TheWest	Line	
Section 27	Township	29N R	ange 12W	NMPM	San Juan	County	
3001011 27	4	tion (Show wheth	er DF, RKB, RT, GR, etc.)				
11. Chec			5338' GR	Name and Other	- Doto		
	k Appropriate Box t	o indicate N	•	-			
NO	FINTENTION TO:		31	JBSEQUENT RI	PURI UP:	_	
PERFORM REMEDIAL WORK	SHU AND ABAN	NDON	REMEDIAL WORK		ALTERING CASING	L	
EMPORARILY ABANDON J	M 1 901199935E PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDON	IMENT [	
PULL OR ALTER CAS	Capa -		CASING TEST AND C	EMENT JOB			
OTHER:	BOST TO LOUVE		OTHER:	Bradenhead	& Casing		
12. Describe Proposed or Comple work) SEE RULE 1103.	ted Operations (Clearly state	all pertinent detai	ls, and give pertinent dates	, including estimated	date of starting any prope	osed	
Amoco Production Com	pany has performed a	repair on the	subject well per the	following:			
MIDUCULA/C/OF C-AT	DD -4 5770? D		4 200: D	44 200:	C-4 1 4 155	77 D	
MIRUSU 4/6/95. Set F dye water, circulate brace	_			•	-		
rate 3 bpm. Tag cemen							
held. Perforated 5824-5					•		
12.5 gms. Tag fill at 59					_		
Retrieve RBP. ND BO					J		
I hereby certify that the informat	ion above is true and complet	te to the best of m	y knowledge and belief.				
SIGNATURE Patty	Haefele		Staff A	ssistant	DATE01-11-19	996	
TYPE OR PRINT NAME	<i>U</i> Patty Haefele				TELEPHONE NO. (303)	830-49	
<b></b>							
(This space for State Use)	Policina	•		e meneran of	CT #2 1AB1 4	~ 40	
(). 6	( Common	ر م آ	DEPUTY OIL & GA	S INSPECTOR, DIS	ST. #3 JAN 1	4 17	