

DISTRICT I

P.O. Box 1980, Hobbs, NM

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-045-24868

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Gallegos Canyon Unit Com D

8. Well No.

160E

9. Pool name or Wildcat

Basin Fruitland Coal

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

AMOCO PRODUCTION COMPANY

Attention:

Mary Corley

P.O. Box 3092 Houston TX 77253 281-366-4491

4. Well Location

Unit Letter N : 1110 Feet From The SOUTH Line and 1710 Feet From The WEST Line

Sectio 27 Township 29N Rang 12W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5338' KB

11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Recompletion from Basin Dakota ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed)

As of this date the recompletion activities for the subject well have not commenced, Amoco Production Company, therefore respectfully request an extension to our application for permit to recomplete that was filed with your office on March 22, 2000. We anticipate recompletion to begin in the 4th QTR of this year.

*extend to 3-22-02*

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Mary Corley*

TITLE

Sr. Regulatory Analyst

DATE

03-15-2001

TYPE OR PRINT NAME

Mary Corley

TELEPHONE NO.

281-366-4491

(This space for State Use)

Original Signed by STEVEN N. HAYDEN

APPROVED BY

TITLE

DATE

MAR 19 2001

CONDITIONS OF APPROVAL, IF ANY: