

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

**ABANDONMENT**  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
B 10405

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State Gas Com BT
3. Address of Operator 501 Airport Drive, Farmington, NM 87401	9. Well No. 1
4. Location of Well UNIT LETTER J 1770 FEET FROM THE South LINE AND 1810 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 29N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Aztec Pictured Cliffs Undesignated Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 6218' GL	12. County San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Amoco Production Company does not plan to drill this well anytime in the near future, therefore, no request for an extension of this APD will be made.

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

Original Signed By  
B.T. Roberson

TITLE Admin. Supvr.

DATE 1-21-83

Original Signed By

TITLE

DATE

PROVED BY  
CONDITIONS OF APPROVAL, IF ANY: