Submit 3 Copies
to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office								
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		RVATION DI	VISION	WELL	API NO.			
P.O.Box 2088					3004525618			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					5. Indicate Type of Lease STATE FEE 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name			
1. Type of Well:	RM C-101) FOR SUCH PI	ROPOSALS.)			Sanchez G	as Com C		
	OTHER							
2. Name of Operator Attention:					8. Well No.			
Amoco production Company Patty Haefele . Address of Operator					1			
P.O. Box 800 Denver	Colorado	80201	(303) 830-4988	9. Pool	name or Wildcat Blanco Me	saverde		
4. Well Location Unit Letter A :	750 Feet From The	North	Line and	660	Feet From The	East	Line	
Section 28	Township	29 N Range	10 W	NMPM	San Ju	an	County	
	10. Elevat		F, RKB, RT, GR, etc.)				County	
11. Check	Appropriate Box to	o Indicate Nati	re of Notice, 1	Report, c	or Other Data			
	INTENTION TO:			-	ENT REPORT			
PERFORM REMEDIAL WORK	PLUG AND ABAN	IDON RI	EMEDIAL WORK		ALTERING	G CASING		
EMPORARILY ABANDON	CHANGE PLANS		OMMENCE DRILLIN	C ODNC	[]			
PULL OR ALTER CASING CASING TEST AND CE						ID ABANDON	IMENI [_	
OTHER: OTHER:								
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state of	all pertinent details, a	nd give pertinent date:	s, including o	estimated date of sta	rting any prop	osed	
Amoco Production Compar	ny is cancelling the rec	completion for thi	s well approved o	n 10/19/9	5. Procedures f	or a plug ar	nd	
abandonment will follow w	ithin 60 days.			r			1	
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					OCT 15	1996		
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					OIL CON	DIV.		
					DIST			
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I hereby certify that the information	above is true and complete	to the best of my kno	owledge and belief.				· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Patty N	alle	TITLE	Staff A	ssistant	DATE	. 10-09-19	996	
TYPE OR PRINT NAME	Patty Haefele					NE NO. (303)	830-498	
(This space for State Use)								
ORIGINAL SIGN	ED BY ERNIE BUSCH	_ Di	PUIT UIL & UAS	INSPECTOR		OCT	1 6 19	
APPROVED BY		TITLE			DATE	i ————		