

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2083
Santa Fe, New Mexico 87504-2083

WELL API NO.

30-045-25743

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pollock Com "E"

8. Well No.

1

9. Pool name or Wildcat

Armenta Gallup/Blanco MV

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 O-101) FOR SUCH PROPOSALS)

1. Type of Well:

OR

WELL ☐

GAS

WELL ☒

OTHER

2. Name of Operator

Amoco Production Company Attn: Doug Whaley

3. Address of Operator

P.O. Box 800, Denver, Colorado 80201

4. Well Location

Unit Letter P : 860 Feet From The South Line and 805 Feet From The East Line

Section 28

Township 29N

Range 10W

N.M.M.

San Juan

County

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

5543' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Current Status ☒

12. 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.

The well has a bridge plug set between the Gallup and Mesaverde. The Gallup did not produce during the recompletion attempt and is currently isolated from the Mesaverde. The Mesaverde has limited potential and is unable to produce without a pumping unit. Amoco cannot justify the expense of the pumping unit and is planning to PxA the well or convert it to a water disposal well.

If there are any questions, please contact Ed Hadlock at (303) 830-4982.

RECEIVED

JAN 13 1991

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

SIGNATURE

Doug Whaley

TITLE Staff Admin. Supr. DATE 1/11/91

TYPE OR PRINT NAME

Doug Whaley

TELEPHONE NO. (303) 830-4280

(This space for State Use)

Original Signed by CHARLES GHOLSON

APPROVED BY

TITLE

DATE JAN 11 1991

CONDITIONS OF APPROVAL, IF ANY:

1112 H