Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 3004525887 **DISTRICT II** Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease **DISTRICT III** STATE _ FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Earl B. Sullivan Gas Com B 1. Type of Well: MEIT OIL X OTHER 2. Name of Operator 8. Well No. Attention AMOCO PRODUCTION COMPANY Pat Archuleta 9. Pool name or Wildcat P.O. Box 800 Denver Colorado 80201 303-830-5217 Otero Chacra 4. Well Location 1850 Feet From The SOUTH **Unit Letter** 1190 Line and Feet From The l ine 23 Section 29N Township Range 11W SAN JUAN **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. MIRUSU 3/13/97. Set CIBP at 2600', load and test csg to 500E. Held okay. Spot cement plug inside csg from 2600'-2400' w/18 sxs Cl-B cement. Spot cement plug inside csg from 1660'-1300' w/28 sxs CI-B cement. Spot cement plug inside csg from 600' to surface w/66 sxs CI-B cement. Cut off wellhead and top off csg strings to surface, install marker. RMDUSO 3/14/97. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Assistant 04-03-1997 SIGNATURE THILE TYPE OR PRINT NAME Pat Archuleta TELEPHONE NO. 303-830-5217 (This space for State

___ THE DEPOLY OLG TREPECTOR DATE 5-6-97

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY