Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Fed.

Form C-103
Revised 1-1-89

WELL API NO. 30-045-26450

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: ~~Gov't~~ Moncrief Federal

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: Amoco Production Company

8. Well No. #1E

3. Address of Operator: 200 Amoco Court Farmington, NM 87401

9. Pool name or Wildcat: Dakota, Basin

4. Well Location
Unit Letter D : 870 Feet From The N Line and 1130 Feet From The W Line
Section 22 Township 29N Range 12W NMPM SAN JUAN 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: Flow Test - Vent Gas ☒		OTHER: ☐	

RECEIVED
MAY 22 1990
OIL CON. DIV.
DIST. 3

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.

Amoco Production Company hereby requests approval to flow test the subject well for seven days to determine economics of tieing well into sales line.

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

SIGNATURE B.D. Shaw TITLE Env. Coordinator DATE 5-21-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # DATE MAY 29 1990

CONDITIONS OF APPROVAL, IF ANY: