State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natur	ral Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	WELL API NO.	
P.O.Box 2088			3004529225
			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	7410		6. State Oil & Gas Lease No.
SUNDRY N			
(FOR	PROPOSALS TO DRILL OR TO SERVOIR. USE "APPLICATION M C-101) FOR SUCH PROPOSA	I FOR PERMIT"	7. Lease Name or Unit Agreement Name Woods Gas Com B
1. Type of Well: OIL WELL GAS WELL	▼ OTHER		Woods Cas Com D
2. Name of Operator	Attention:		8. Well No.
Amoco Production Company		Patty Haefele	1
Address of Operator P.O. Box 800 Denver	Colorado 8020)1 (303) 830-4988	9. Pool name or Wildcat Fulcher Kutz Pictured Cliffs Ext
4. Well Location Unit Letter M:	1520 Feet From The	South time and	1150 Feet From The West Line
Oint Detter			reet From The Woot Line
Section 7	Township 29N	Range 12W ow whether DF, RKB, RT, GR, etc.)	NMPM San Juan County
	10. Elevation (Sno	5476' GR	' .
		cate Nature of Notice, 1	Report, or Other Data
NOTICE OF	INTENTION TO:	S	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING]	CASING TEST AND C	CEMENT JOB
OTHER:		OTHER:	Spud and set casing X
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertin	nent details, and give pertinent date	s, including estimated date of starting any proposed
work) SEE ROLE 1103.			
Spud a 8.75"	surface hole on 5/18/95	5 at 1000 hrs. Drilled to	250'. Set 7" 23# STC
surface casin	g at 250'. Cemented wi	ith 50 sx standard lead.	Circulated 2 bbls to the
surface. Pre-	ssure tested casing to 15	500 psi.	-
Drillad a 6 2	50" hala ta a denth of 1'	777' on 6/7/95. Set 3.5'	' 9.3# I-55 production
casing at 177	76 ft Cemented with 21	$5 \text{ sx } 50/50 \text{ silica lite. } \mathbf{T}$	OC surface.
	at 2300 hrs on 6/7/95.		PEGER
&			
	•		- Jun 1 9 8095 1
			OH CON, DE
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			DIST. 0
SIGNATURE Patty Ha	efele	Staff A	Assistant 06-16-1995
TYPE OR PRINT NAME	Patty Haefele		TELEPHONE NO. (303) 830- 4988
(This space for State Use)			
0.1	Robinson	**************************************	S INSPECTOR FOR TO DATE
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			