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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator 501 Airport Drive Farmington, NM 87401 4. Location of Well UNIT LETTER <u>A</u> , <u>880</u> FEET FROM THE <u>North</u> LINE AND <u>790</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>30N</u> RANGE <u>12W</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name McCoy Gas Com "C" 9. Well No. 1 10. Field and Pool, or Wildcat Flora Vista Mesaverde 15. Elevation (Show whether DF, RT, GR, etc.) 5458', GL. 12. County San Juan
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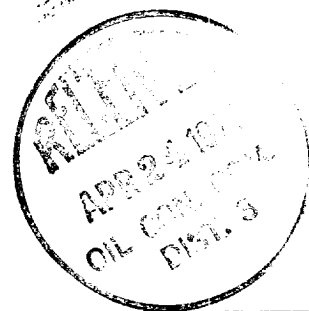
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. 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 proposes to repair a suspected paraffin and/or scale problem on the subject well as follows:

- 1) Spot 250 gallons of paraffin solvent over the perforations.
- 2) Pump 1000 gallons of 15% HCL at 15 BPM.
- 3) Flow or swab well back & return to production.



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

SIGNED _____ TITLE Dist. Adm. Supervisor DATE 4/23/79

APPROVED BY AR Bendish TITLE SUPERVISOR DATE APR 24 1979

CONDITIONS OF APPROVAL IF ANY: