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State of New Mexico Form C-103 **Revised 1-1-89** Energy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 3004510008 Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE STATE 🔀 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E-3149 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.) State Gas Com BJ 1. Type of Well: OIL WELL OTHER 8. Well No. Attention: 2. Name of Operator Patty Haefele Amoco Production Company 3. Address of Operator 9. Pool name or Wildcat (303) 830-4988 80201 Basin Dakota Colorado P.O. Box 800 Denver 4. Well Location North 1525 805 Feet From The Line Feet From The Unit Letter 13W San Juan 30N **NMPM** County Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5934' RDB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Reperforate 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. Amoco Production Company performed a reperforation per the following: MIRUSU 8/18/95. TIH with drill collars and mill. Tag fish at 6632 ft. Mill out CIBP to 6699 ft. Circulate hole clean. TOH to above perfs. Reperforate Dakota: 6563-6572, 6618-6625, 6634-6640 with 4 JSPF, diameter .340, 88 total shots fired, gun size 3.125", phasing 120 deg, 12.5 gms. Swab and test well. Reland production tubing at 6640 ft. RDMOSU 8/25/95. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

09-15-1995 \_ TITLE Staff Assistant SIGNATURE TELEPHONE NO. (303) 830-4988 Patty Haefele TYPE OR PRINT NAME (This space for State Use) Robinson DEPUTY OIL & GAS INSPECTOR, DIST. #3 CONDITIONS OF APPROVAL, IF ANY