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

Form C-103
Revised 1-1-89

WELL API NO.
30 045 10916

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.)

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

7. Lease Name or Unit Agreement Name
Lawson [redacted] LS

2. Name of Operator
Amoco Production Company Attn: John Hampton

8. Well No.
1

3. Address of Operator
P.O. Box 800, Denver, Colorado 80201

9. Pool name or Wildcat
Blanco Mesaverde

4. Well Location
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line

Section 11 Township 31N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5857' GL, 5867' DF

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: Abandon cathodic protection well ☒		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.

The cathodic protection well associated with the above well will be plugged and abandoned per the attached procedure.

RECEIVED
JUN 21 1990
OIL CON. DIV.
DIST. 3

Please contact Cindy Burton (303)830-5119 if you have any questions.

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

SIGNATURE J L Hampton/cb TITLE Sr. Staff Admin. Supr. DATE 6/19/90

TYPE OR PRINT NAME John Hampton TELEPHONE NO. 303-830-5

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE [redacted] SUPERVISOR DISTRICT # DATE JUN 21 1990

CONDITIONS OF APPROVAL, IF ANY: