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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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY		8. Farm or Lease Name Keys Gas Com "A"
3. Address of Operator 501 Airport Drive Farmington, New Mexico 87401		9. Well No. 1
4. Location of Well UNIT LETTER K, 1650 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 32-N RANGE 10-W N.M.P.M.		10. Field and Pool, or Wildcat Blanco Mesaverde
15. Elevation (Show whether DF, RT, GR, etc.) 5958' RDB		12. County San Juan

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

This well has a confirmed casing leak. We propose to pull the tubing, locate and cement squeeze the casing leak, set and cement a five inch liner from surface to 4406' with 374 sx of class "B" Neat cement and return the well to production. The top of the existing five inch liner is 4406". Verbal approval was obtained from Mr. Chavez of your office on 8/25/78. We plan to start the workover operations 8/28/78.

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

SIGNED E. E. SVOBODA TITLE Area Administrative Supervisor DATE Aug. 28, 1978

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: