Submit 3 Copies to Appropriate Energy, Minerals and Natural Resources Department District Office		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WEL		WELL API NO.
DISTRICT II Santa Fe New Mexico 87504-2088		3004521377  5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE  6. State Oil & Gas Lease No.
		E111953
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.)		7. Lease Name or Unit Agreement Name
1. Type of Well:	Smyers Com A LS	
OIL GAS WELL OTHER  Attention:		8. Well No.
2. Name of Operator	s Kalahar	2
3. Address of Operator P.O. Box 800 Denver Colorado 80201	(303) 830-5129	9. Pool name or Wildcat Blanco Pictured Cliffs
4. Well Location  Unit Letter C : 1160 Feet From The North	Line and 14	80 Feet From The West Line
Section 2 Township 31N Range 11W NMPM San Juan County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5978' GR		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:		
NOTICE OF INTENTION TO.		
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CEN		MENT JOB L
OTHER: Bradenhead Repair 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 intends to perform the attached workover procedure required to eliminate bradenhead pressure.		
In addition, Amoco also requests approval to construct a temporary 15'x15'x5' blow pit for return fluids. This pit will be reclaimed if utilized, upon completion of this procedure.		
If you have any questions, please contact Dallas Kalahar at (303) 830-5129.  DECETIVE NOV - 7 1994		
		OIL CON. DIV. DIST. 3
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
signature Dallas Kalahar / pyh	Staff Busine	ess Analyst DATE11-03-1994
TYPE OR PRINT NAME Dallas Kalahar		TELEPHONE NO.
(This space for State Use)  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  CONDITIONS OF APPROVAL, IF ANY:		