|                                                                        |                        |                          |                      |                                  |                           |                       |                       |             | 1                              |                                         |
|------------------------------------------------------------------------|------------------------|--------------------------|----------------------|----------------------------------|---------------------------|-----------------------|-----------------------|-------------|--------------------------------|-----------------------------------------|
| NO. OF COPIES RECEIVED                                                 | 3                      |                          |                      |                                  |                           |                       |                       |             | Form C-103                     |                                         |
| DISTRIBUTION                                                           |                        |                          |                      |                                  |                           |                       |                       |             | Supersedes Oi<br>C-102 and C-1 |                                         |
| SANTA FE                                                               | 1/                     |                          | NEW                  | MEXICO                           | OIL CONS                  | ERVATION C            | COMMISSION            |             | Effective 1-1-                 |                                         |
| FILE                                                                   | 171                    | V                        |                      |                                  |                           |                       |                       |             |                                |                                         |
| U.S.G.S.                                                               | + +                    |                          |                      |                                  |                           |                       |                       |             | 5a. Indicate Type              |                                         |
| LAND OFFICE                                                            | 1                      |                          |                      |                                  |                           |                       |                       |             | State X                        | Fee                                     |
| OPERATOR                                                               | 17                     |                          |                      |                                  |                           |                       |                       |             | 5, State Oil & Ga<br>E-3370    | s Lease No.                             |
|                                                                        | <u></u>                |                          |                      |                                  |                           |                       |                       |             | 2.3370                         |                                         |
| (DO NOT USE THIS FO                                                    | SUN                    | DRY N                    | OTICES A             | AND REPO                         | PRTSON                    | WELLS                 | RENT RESERVOI         | R.          |                                |                                         |
|                                                                        | **APPL                 | ICATION F                | OR PERMIT -          | (FORM C-1                        | OI) FOR SUC               | H PROPOSALS.)         |                       |             | 7. Unit Agreemen               | t Name                                  |
| l. GAS                                                                 | X                      |                          |                      |                                  |                           |                       |                       |             |                                |                                         |
|                                                                        | X                      |                          | THER-                |                                  |                           | <del></del>           |                       |             | 8. Farm or Lease               | liame                                   |
| 2. Name of Operator  AMOCO PRODI                                       | ነ/ጥፕ/                  | AN COM                   | DANV                 |                                  |                           |                       |                       |             | Valentin                       | e Gas Com                               |
|                                                                        | OCTT                   | OR WH                    | - AMI                |                                  |                           |                       |                       |             | 9. Well No.                    |                                         |
| 3. Address of Operator 501 Airport Drive, Farmington, New Mexico 87401 |                        |                          |                      |                                  |                           |                       |                       |             | 14                             |                                         |
|                                                                        | L DE                   | lve, r                   | arminge              |                                  | IBBALCO                   |                       |                       | <del></del> | 10. Field and Po               |                                         |
| 4. Location of Well                                                    |                        |                          |                      |                                  | 77 A                      |                       | 1100                  |             | 1                              |                                         |
| UNIT LETTERD                                                           |                        | 795                      | FEET                 | FROM THE                         | west                      | LINE AND _            | 1190                  | FEET FROM   | DIALLO M                       | THITTINITY                              |
|                                                                        |                        |                          |                      |                                  |                           |                       |                       |             |                                |                                         |
| THE North                                                              | LINE, 5                | ECTION                   | 32                   | TOWNSHI                          | <sub>32N</sub>            | RANGE                 | TOM                   | NMPM.       | HHHHH                          |                                         |
|                                                                        |                        |                          |                      |                                  |                           |                       |                       |             | 12. County                     | <i>HHHHH</i>                            |
|                                                                        |                        |                          |                      |                                  |                           | DF, RT, GR,           | eic.)                 |             | San Juan                       |                                         |
|                                                                        |                        |                          |                      | 5104' GL                         | , 6117'                   | KB                    |                       |             | San Juan                       | (11111111111111111111111111111111111111 |
| OTHER                                                                  |                        |                          | ··                   | CHANGE PLA                       |                           | 1                     | AND CEMENT J          |             | casing                         |                                         |
| 17. Describe Proposed or C                                             |                        |                          |                      |                                  |                           |                       |                       |             |                                |                                         |
| The hole was 4-1/2" liner Class "B", 5 CFR-2 6.25 p                    | : in<br>:0:50<br>:ounc | 7" car<br>Poza<br>is Gil | sing frand 6% sonite | om 3036'<br>Gel, 250<br>per sacl | to 53<br>sacks<br>k follo | 81' on 12<br>Class "F | !-22-75.<br>!". 50:50 | Pos an      | ed liner wi<br>d 6% Gel. w     | 1th 0.2%                                |
|                                                                        |                        |                          |                      |                                  |                           |                       |                       |             | 9 (1)                          | 3                                       |
| 18. I hereby certify that the                                          | e infor                | mation abo               | ove is true a        | and complete                     | to the best               |                       | dge and belief.       |             | DATE                           | L-8-76                                  |

TITLE \_\_

DATE \_\_\_

APPROVED BY \_\_\_\_