Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30 045 26087
Santa Fe, New Mexico 87504-2088 O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease	
DISTRICT III		STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410		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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. OAS WELL OTHER 2. Name of Operator			Sammons Gas Com I
Amoco Production Company Attn: John Hampton		8. Well No.	
3. Address of Operator		9. Pool name or Wildcat \$27.	
P.O. Box 800 Denver, Colorado 80201 4. Well Location		Cedar Hill Basin Coal	
Unit Letter B: 945' Feet From The North Line and 1580' Feet From The East Line			
Section 6 Township 31N Range 10W NMPM San Juan County			
	10. Elevation (Show whether	DF, RKB, RT, GR, esc.)	
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	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	BOL TNAME
OTHER:		OTHER:_Stimula	ate Well X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	tions (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed
Amoco Production Company Stimulated the Above subject well, by pumping			
liquid CO2 down the well to increase production.			
1. MIRUSU.			
2. Packer depth @ 2581'. 3. Pump 142 tons CO2 (800 BB1s), AIR 2 BPM, AIP 150. DEGETYEN			
4. Land 2 7/8" production tubing @ 2665".			
5. Return to Prod	uction.		AUG 2 1990
			OIL CON. DIV.
			DIST. 3
I hereby certify that the information above is true	e and complete to the best of my benefitied and	الدادا	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKONATURE ST. Staff Admin. Supv. Date 1/30/90			
TYTE OR PRINT NAME J. H.	umpton		TELEPHONE NO. 830-
(This space for State Use)			
Original Signed by	FRANK T . MAVET	SUPERVISOR DI	STRICT W. ALLO A 9 100f
AFTROVED BY	INVIN I. CRAYEL	T.E	PATE AUG 0 2 1990