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

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-27143

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.)

7. Lease Name or Unit Agreement Name: Ridenour Gas Com A

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

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: Cedar Hill

4. Well Location
Unit Letter G : 1450 Feet From The North Line and 1550 Feet From The East Line

Section 13 Township 31N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5866' GR

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: Stimulate with CO2	☒			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 stimulate the subject well as follows.
Move on to location with 100 tons of CO2.
Pmp CO2 dn csg/tbg annulus @ 2 bpm, with the last 100 bbl to be pmp @ a breakdown rate of 5-10 bpm.

RECEIVED
SEP 17 1990
OIL CON. DIV.
DIST. 3

Please call Cindy Burton at 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 LJB TITLE Sr. Staff Admin. Supv. DATE 9/12/90

TYPE OR PRINT NAME John L. Hampton TELEPHONE NO. 303-830-5025

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE SEP 24 1990

CONDITIONS OF APPROVAL, IF ANY: