Submit 3 Copies to Appropriate

District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office **OIL CONSERVATION DIVISION** DISTRICT ! WELL API NO. P.O. Box 1980, Hobbs, NM P.O.Box 2088 30-045-30285 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE 🔀 STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM ASSESSMENT OF THE PROPERTY OF SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Martinez Gas Com A 1. Type of Well: OTHER 8. Well No. 2. Name of Operator Attention: Melissa Velasco AMOCO PRODUCTION COMPANY 1B 9. Pool name or Wildcat 77253 P.O. Box 3092 TX Basin Fruitland Coal Houston 4. Well Location SOUTH 1535 EAST 0 Feet From The Line and Feet From The Line Unit Letter 32N 10W **NMPM** San Juan Section Township Rang County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK ALTERING CASING REMEDIAL WORK **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS CHANGE PLANS PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Change in Tubing Depth X OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any Amoco Production Company recorded the tubing depth in error for the subject well. The reported depth was 5227'. Please correct your records to reflect the correct tubing depth to be 5208'. If there are any questions, please give me a call at 281-366-2548. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 09-07-2000 Permitting Assistant SIGNATURE 281-366-2548 TELEPHONE NO. Melissa Velasco TYPE OR PRINT NAME

TITLE

(This space for State Use)

DEPUTY OIL & GAS ASSECTION, DIST. #1

SEP - 8 2000

DATE -

CONDITIONS OF APPROVAL, IF ANY: