State of New Mexico Energy, Mi and Natural Resources Department

Form C-103 **Revised 1-1-89**

Submit 3	Copie
to Appro	priate
District C	Office

District Office			•				
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	F.O.Box 2088 Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			WELL API NO.	WELL API NO. 30-025-07682 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741				6. State Oil & O			
(DO NOT USE THIS FORM FOR PF DIFFERENT RESE	TICES AND REPOI ROPOSALS TO DRILL (FVOIR. USE "APPLICA (:-101) FOR SUCH PRO	OR TO DEEPEN OR I		7. Lease Name	or Unit Agreement N	ame	
1. Type of Well						,	
OIL GAS WELL _	01	HER		Q W-11 N.			
2. Name of Operator				8. Well No.	96	1	
Amoco Production Company				9. Pool name o			
3. Address of operator P.O. Box 3092, Houston,	Texas	77253-3092			os Grayburg San Ai	ndres	
4. Well Location		77200 0002					
	Feet From The	South	Line and	2310 Feet Fro	om TheEas	t Line	
Section 10	Township	19S Range	38E	NMPM	Lea, NM	County	
		on (Show whether DF,		(c.)			
			3590' GL	- D . O.1	Dete		
	opropriate Box to	Indicate Natur	e of Notice				
NOTICE OF IN	TENTION TO:			SUBSEQUENT R	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABAND	ON REN	IEDIAL WORK		ALTERING CASIN	ıg 🗌	
			MMENCE DRILL	ING OPNS	PLUG AND ABAN	IDONMENT -	
TEMPORARILY ABANDON	CHANGE PLANS			_	LOG AND ADAIN	DOMNIEM	
PULL OR ALTER CASING		CAS	SING TEST AND	CEMENT JOB			
OTHER:		ОТН	IER:			·i	
12. Describe Proposed or Completed Opwork.) SEE RULE 1103.	perations (Clearly state al.	l pertinent details, and	give pertinent de	ates, including estimated	d date of starting any	proposed	
RUSU 1/14/93.							
DUG OUT CELLAR X 16" X 10-3/- AT 4020' X 200' CMT X CMT PL' SX CMT X UNABLE TO CIRC X PE 16" RISER MIXED WITH COTTON	LIG 2450-2650' X PER ERF 100' X PMP 50 SX	F 1576 X PMP 76 : CMT CIRC BETWE	SX CMT X PERI EN 10-3/4" X 7	F 973' X PMP 37 SX 7" X 100' SURFACE	CMT X PERF 500	X PMP 387	
RDSU 1/25/93.							
I hereby certify that the information ab	nove is true and-complete	to the best of my know	vledge and helief				
Thereby certify that the information at	21 (5):	to the obstrormy kind		aff Assistant	02-1	8-93	
SIGNATURE	M. Thence	TITLE			DATE	713) 596-76	
TYPE OR PRINT NAME Dev	v na M. Prince		<u> </u>		- LOBERTONE IN		
(This space for State Use))		OIL 8	and moon	,~ 	R 12 1993	
APPROVED BY Chirlies	errin	TITLE	DIL O	Carante Contract	DATE	V TO 1000	
	_						

CONDITIONS OF APPROVAL, IF ANY: