Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office							
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION			DIVISION	WELL ADIN	WELL API NO.		
P.O.BOX 2088			504 2000	W DDD AT TH	3004525022		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Ty	5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NN	1 87410			6. State Oil &	Gas Lease No. SF-080000		
SUNDR'	Y NOTICES AND REPO	ORTS ON WI	FIIS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name		
I. Type of Well:	FORM C-101) FOR SUCH P	ROPOSALS.)			Florence		
	AS X OTHER						
2. Name of Operator Attention:					8. Well No.		
Amoco Production Compa	Raeburn		126				
3. Address of Operator P.O. Box 800 Denver	9. Pool name or Wildcat Basin Dakota						
4. Well Location Unit Letter :	1300 Feet From The	South	Line and	1190 Feet F	From The V	Vest Line	
Section 26	Township	29N Ra	nge 09W	NMPM	San Juan	County	
	10. Eleva	tion (Show whether	er DF, RKB, RT, GR 5626' GR				
11. Chec	ck Appropriate Box t		lature of Notic	ce, Report, or O	ther Data		
NOTICE (SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABAN	NDON 🗌	REMEDIAL WOR	κ [ALTERING CAS	SING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	LLING OPNS.	PLUG AND AB	ANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB						
OTHER: 0			OTHER: P & A Cothodic Well X				
12. Describe Proposed or Compl work) SEE RULE 1103.	eted Operations (Clearly state	all pertinent detai	ls, and give pertinen	dates, including estima	ted date of starting a	ny proposed	
	U , Brk out 3 1/2 ft. CN out to 250 ft. TOH , P						
260 ft., M & P 70 SXS	Cmt to surf. On 09/18,	/93, Clean loca	ation & capped o	ff & installed Mark	er W/ 2 SXS cr	nt. P&A	
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				and some of the sound of the so			
					CAL DIV.	₹ 4	
				1		3	
I hereby certify that the informa	tion above is true and complet	e to the best of m	y knowledge and bel	ef.			
SIGNATURE SAIS	albusn	1	TILEBU	siness Asst.	DATE02	2-07-1994	
TYPE OR PRINT NAME	Lois Raeburn				TELEPHONE NO.	(303) 830-529	
(This space for State Use)	7					2-16-94	
Juin .	Buch						
APPROVED BY	Justs	T	TILE		DATE		
CONDITIONS OF APPROVAL, IF ANY	:						