Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM P.O.Box 2088 30-045-00790 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X DISTRICT III STATE \_\_\_ 1000 Rio Brazos Rd., Aztec, NM 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Totah Vista Gas Com Type of Well: OIL WELL OTHER 2. Name of Operator 8. Well No. Attention: AMOCO PRODUCTION COMPANY Mary Corley 9. Pool name or Wildcat P.O. Box 3092 77253 TX Houston Basin Dakota 4. Well Location 940 790 SOUTH Unit Letter Feet From The WEST Line and Feet From The Line 22 Sectio 29N Township 13W Rang NMPM San Juan County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5284' GL 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: \_\_ OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 10/22/93 MIRUSU. NDWH. NUBOP. Tally out TBG. TIH W/CMT retainer & set 5343'. TOH. SDFN 10/23/93 RU. Pump 64 SXS CMT below retainer. Spot 47 SXS CMT to 4727. TOH: Pump 39-SXS mud to 2350. TOH. TIH & pump 178 SXS CMT to surface. TOH. NDBOP & cut off wellhead. Fill CSG W/CMT to surfcae. Install P & A marker. RDMOSU. Rig released. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Sr. Business Analyst 08-26-1999 SIGNATURE . \_\_\_ TITLE \_ Mary Coffey TYPE OR PRINT NAME TELEPHONE NO. 281-366-4491 (This space for SHARINGE) SHOWED BY CHARLIE T. PERFEN DEPUTY OIL & GAS INSPECTOR, DIST. #1 AUG 27 1999

\_\_\_\_\_ TITLE \_

APPROVED BY --