State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural R	Resources Department /		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION			
DISTRICT II Santa Fe, New Mexico 87504-2088				3004507952
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10		6. State Oil & Ga	s Lease No.
	OTICES AND REPORTS ON			
DIFFERENT RES	PROPOSALS TO DRILL OR TO DEE ERVOIR. USE "APPLICATION FOF I C-101) FOR SUCH PROPOSALS.	R PERMIT"	7. Lease Name o	r Unit Agreement Name
1. Type of Well:	10-101/101/100011111010001201	,		Prespentt
OIL GAS WELL WELL	X OTHER		(GAS COM
2. Name of Operator	Attention:		8. Well No.	•
Amoco Production Company	L	ois Raeburn		1
3. Address of Operator P.O. Box 800 Denver	Colorado 80201	(303) 830-5294	9. Pool name or	Wildcat Pictured Cliffs
4. Well Location Unit Letter 10 : 8	300 Feet From The Sou	th Line and 17	700 Feet From	The East Line
	Township 29N		NMPM	San Juan County
Section 21		nether DF, RKB, RT, GR, etc.)	11111111	
	in Dente Tedina	5513' GR	anort or Otho	- Doto
	ppropriate Box to Indicate		BSEQUENT RE	
NOTICE OF I	NTENTION TO:	30	DSECUCINI NE	roni or.
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 CE		
OTHER:		OTHER:	P & A Cotho	odic Well X
12. Describe Proposed or Completed C work) SEE RULE 1103.	perations (Clearly state all pertinent d	letails, and give pertinent dates,	including estimated	date of starting any proposed
ON 9/7/93 MIRUSU, Dig pits	s, weld on thread nipple,drl cm TIH w/ open pipe & jetted dow	t to 4'. ON 9/8/93 dri cm	nt to 7 1/2', tool	sticking. On 9/9/93 drl
	f hole to 15'. TIH, dri out hole			
180'. TOH. TIH w/ air ham	mer, drl anodes from 120' to 1	180', drl to 300', TOH.	ON 9/15/93 TIH	& cleaned out bridge
	OH & RDMOSU. On 9/16/93 ri			
RDMOSU. Install P & A ma			SCEIV	
			1840 - 400 4	
		•	JAN 0 5 1994	1
		Oli	. CON. D	MI
		43 . F.	DIST. 3	
			w.e.s. 9	
I hereby certify that the information a	bove is true and complete to the best o	f my knowledge and belief.		
SIGNATURE LIS KA	eburn	Business	Asso.	DATE 01-04-1994
SIGNATURE TYPE OR PRINT NAME	Lois Raeburn			TELEPHONE NO. (303) 830-565
(This space for State Use)				
APPROVED BYSIGNI	D BY ERNIE BUSCH	DEPUTY OF & GAS	INSPECTOR, DIST.	AN 3 1994