

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-10J  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Aztec, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                      |                                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                         | 30-045-08908                                                           |
| 3. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |                                                                        |
| 7. Lease Name or Unit Agreement Name | Ulibarri Gas Com                                                       |
| 8. Well No.                          | #1                                                                     |
| 9. Pool name or Wildcat              | Blanco Mesaverde                                                       |

|                                                                                                                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10J) FOR SUCH PROPOSALS)                                                                                              |  |
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                                                  |  |
| 2. Name of Operator<br>Amoco Production Company Attn: John Hampton                                                                                                                                                                                                                                 |  |
| 3. Address of Operator<br>P.O. Box 800, Denver, Colorado 80201                                                                                                                                                                                                                                     |  |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>940</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>West</u> Line<br>Section <u>35</u> Township <u>30N</u> Range <u>9W</u> <u>NMNM</u> San Juan County<br>10. Elevation (Show whether OF, RKB, RT, GR, etc.)<br><u>5621' GL</u> |  |

|                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                              |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                       |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                     |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPS. <input type="checkbox"/>              |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>          |
|                                                                               | OTHER: Bradenhead Repair <input checked="" type="checkbox"/> |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

See attachment for procedures.

If you have any questions, please contact Julie Acevedo (303) 830-6003.

|                                                                                                          |                                                         |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                                         |
| SIGNATURE <u>John Hampton/gzg</u>                                                                        | TITLE <u>Sr. Staff Admin. Supv.</u> DATE <u>7-21-92</u> |
| TYPE OR PRINT NAME <u>John Hampton</u>                                                                   |                                                         |
| TELEPHONE NO.                                                                                            |                                                         |

(This space for State Use)

Original Signed by CHARLES GHOLSON

|                                 |                                      |
|---------------------------------|--------------------------------------|
| APPROVED BY                     | DEPUTY OIL & GAS INSPECTOR, DIST. #3 |
| CONDITIONS OF APPROVAL, IF ANY: | DATE                                 |

Ulibarri Gas Com #1  
3/21/92 - 3/29/92

MIRUSU. PMP 70 BBLs 2% KCL WTR to kill well. NDWH. NUBOPS. PR TST blind & pipe rams to 3000psi. Ok. Pull & stand 58 Jnts. Lay dwn 12 Jnts TBG. Make up overshot skirt w/ grapple & bumper sub. TIH on 2-3/8 TBG. Latch onto fish. TOH. Rec 483'. Lay dwn same. TBG twisting off. TIH & latch on. Ok. TOH. Rec 180'. TIH latch on ok. TOH. Rec 91'. TIH. Latch onto fish. TOH. Rec 154 jnts. All TBG rec. Break out all fishing tools & lay dwn same. PMP 80 BBLs 2% KCL WTR to kill well. TIH w/ scraper. TOH. Make up 7" RET plug & TIH. Set plug 3719'. Fill hole & PR TST 1000psi. No go. Est feed rate of 2 BPM @ 600psi. PMP 3 sxs sand on top of plug. TOH. Make up 7" PKR & TIH. Set PKR 1800'. Try to locate hole in CSG. PR to 1000psi. Ok. TOH. TIH w/ RET hd for plug. Circ sand off of plug. Move plug dwn hole & set @ 3774'. PMP 90 BBLs WTR to fill hole. PR TST CSG to 1000psi. Ok. TOH w/ PKR. RU WLE. Run CBL-VDL-GR-CCL log from 2750'-surf. Bond as follows: 0-350' poor no cmt, 350'-2200' 50-65% bond, 2200'-2520' poor bond, 2520'-2750' good bond. RIH & shoot 2 holes @ 350'. PMP 45 BBLs dye WTR to obtain full circ. PMP 230 sxs oilwell + 2% CACL2. Get 7 BBLs good CMT rtns. TIH w/ ret hd to top of RBP @ 3764'. Circ sand off top of RBP. Swab. Latch RBP & TOH. TIH w/ collar, 1 jnt, seat nipple & 146 jnts. PU 3 jnts & tag btm @ 4671', LD 3 jnts & land 2 3/8" TBG @ 4612'. NDBOP. NUWH. RDMOSU.

**RECEIVED**  
JUL 27 1992  
**OIL CON.**  
**DIST.**