Submit 3 Copies to Appropriate District Office

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

Form C-103

CONDITIONS OF ATTROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobba, NM 88240		ATION DIVISION	WELL API NO.	
P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088			30-045-10916	
DISTRICT III			5. Indicate Type of Lease STATE FE	EX
1000 Rio Brazos Rd., Aztec, NM 87410	•	•	6. State Oil & Gar Lease No.	
OD NOT USE THIS FORM FOR PRODUCTION OF COMMENTS OF COM	ICES AND REPORTS OF COMMENTS O	DEEPEN OR PLUG BACK TO A FOR PERMIT	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil GAS WELL A	OTHER		Lawson LS	
2 Name of Operator Amoco Production	Company Attn	Talas II	8. Well No. 1	<del></del>
3. Address of Operator	n Company Attn	: John Hampton	9. Pool name or Wildcat	
P.O. Box 800 De	enver, Colorado	80201	Blanco Mesaverde	
	Feet From The North	Line and990	Feet From The East	_ Line
Section 11	Township 31N 10. Elevation (Show)	Range 11W whether DF, RKB, RT, GR, etc.)	NMPM San Juan	ounty
11. Check	5857' G			
NOTICE OF INT	Appropriate Box to Indi	icate Nature of Notice, F	Report, or Other Data  SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK			SEQUENT REPORT OF:	
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	L
	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMI	ENT X
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: Cathodi	c protection well	[
<ol> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> </ol>	ions (Clearly state all persinent de	etails, and give persinent dates, inclu	iding estimated date of starting any proposed	
Amoco Production Compa with the above well as	iny plugged and aba	andoned the cathodi	ic protection well associate	ed
<ol> <li>Clean out wellbore</li> <li>Drilled 6.75 hole</li> <li>Pmp 150 sx class 0</li> </ol>	to 300'. Drilled	out all anodes.	RECEIVER	
4. Install marker.			Keusive	
		•	SEP 2 8 1990	
			OIL CON. DIV.	
			DIST. 3	
I hereby certify that the information above is true	and complete to the best of my knowle		Admin. Supv. DATE 9/26/	<u></u>
TYPE OR PRINT NAME John L. H	ampton		7 303-	
			телелноне но. 830-	5025
(This space for State Use)  Original Signed by C	HARLES GROLSON	OEPUTY OR & JAS II	SEFECTOR, DIST. \$55 OCT 0.1	1990