b ridge p	e information above is true	and complete to the best of my knowledge and		DATE 8/30/77
b ridge p	e information above is true	and complete to the best of my knowledge and	i belief.	
b ridge p	a information above to			
bridge p				
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callon e	eid inhibitor f	lushed with 1825 gallons wat 'tubing at 2791'.	ter. Loaded h	ole with water and pul
2 6 60 90	x 4 SPF. Perfe	d 2444-2453' and 2418-2432's	c 6 SPF. Retr	ievable bridge plug
2660-269	8 x 6 SPF. Per	f gun landed 8" out of zone. rfed 2660-90° x 2 SPF. Lost	. Cleaned out	to 2760°. Tripped
Fruitlan	d completion ope	eration commenced 7/18/77.	Pulled rods a	and tubing. Perfed
17. Describe Proposed or (work) SEE RULE 1103	Completed Operations (Cle	arly state all pertinent details, and give perti	nent dates, including e	stimated date of starting any proposed
OTHER				
370		OTHER	CEMENT JOB	Recompletion x
TEMPORARILY ABANDON PULL OR ALTER CASING		COMMENCE DRILLI		PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK		PLUG AND ABANDON REMEDIAL WORK		ALTERING CASING
тои	TICE OF INTENTION		SUBSEQUENT	
16.	Check Appropriat	e Box To Indicate Nature of Notic	e, Report or Oth	
15. Elevation (Show whether DF, RT, GR, etc.) 5882 GL				12. County San Juan
			- AMPM.	
THE West	LINE SECTION 3A	TOWNSHIP 32N RANGE	10W	
UNIT LETTER C Wes	it , <u>1110</u> _F	EET FROM THE North LINE AND 1	450 FEET FROM	Mt. Nebo Fruitland
4. Location of Well				10. Field and Pool, or Wildcat
3, Address of Operator				9. Well No.
AMOCO PI	CODUCTION COMPAN	Ψ		8. Farm or Lease Name
	ELL OTHER-			9 Form as La V
11.	AS	III (FORM C-101) FOR SUCH PROPOSALS.)		7. Unit Agreement Name
(DO NOT USE THIS	SUNDRY NOTICE	S AND REPORTS ON WELLS RILL OR TO DEEPEN OR PLUG BACK TO A DIFFEREN RIT -" (FORM C-101) FOR SUCH PROPOSALS.)	T RESERVOIR.	
			·	o, sidio on a das Lease No.
1,511	 			State Fee 5. State Oil & Gas Lease No.
OPERATOR				Sa. Indicate Type of Lease
		NEW MEXICO OIL CONSERVATION COM	MISSION	Effective 1-1-65
U.S.G.S. LAND OFFICE	+++	Manus manus a a company		Supersedes Old C-102 and C-103
U.S.G.S. LAND OFFICE				

CONDITIONS OF APPROVAL, IF ANY: