Submit 3 Copies

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

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	30 045 22190  5. Indicate Type of Lease
DISTRICT III	STATE FEE X
1000 Rio Brazos Rd., Aziec, NM 87410	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL OTHER	Leeper Gas Com B FRT.
2. Name of Operator	8. Well No.
Amoco Production Company Attn: John Hampton  3. Address of Operator	9. Pool name or Wildcat
P.O. Box 800 Denver, Colorado 80201	Fruitland
4. Well Location	Fruiciand
Unit Letter C: 1110 Feet From The North Line and 1	450 Feet From The West Line
Section 34 Township 32N Range 10W	NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUGINI ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDONAUG 1990 CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASINGLEST AND CO	EWENT YOR []
OTHER: OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	uding estimated date of starting any proposed
Amoco Production Company Pluggedand Abandoned th	e above subject well.
1. Set cmt retainer @ 2517'.	
2. Pmp 50 sx class B cmt w/ 2% CACL2 from 1674' u	ip to 1054'.
3. Pmp 50 sx class B cmt w/ 2% CACL2 from 1054' v	ip to 434'.
4. Pmp 50 sx class B cmt w/ 2% CACL2 from 434' up	to surface.
5. Top off csg. w/ 8 sx class B cmt w/ 2% CACL2.	
6. Weld on PxA marker; Reclaim location.	
If you have any questions please contact Cindy Bu	urton @ 830-5119.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKNATURE J.M. No. pluy J.A. TITLE Sr. Staff	Admin. Supv. DATE 8/3 70
TYTE OR FRIEN NAME	TELEPHONE NO.
(This space for State Use)	

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE AUG 16 1990

ATTROVED BY-