Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

| Form | C-103 | |
|-------|----------|---|
| Revis | ed 1-1-8 | 9 |

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | x 1980, Hobbs, NM 88240 P.O. Box 2088 | | WELL API NO. 30-045-22342 |
|---|--|---|---|
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 | | 5. Indicate Type of Lease STATE FEE X | |
| DISTRICT III 1000 Rio Brazos Rd., Azzec, 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 Cahn Gas Com | |
| 1. Type of Well: OR. GAS WELL WELL X | Coal Seam onex | | |
| 2. Name of Operator | | | 8. Well No. |
| Amoco Production Compar 3. Address of Operator | <u>1</u> y | | 9. Pool name or Wildcat |
| P.O. Box 800, Denver, (| 00 80201 Attn: | J. L. Hampton | Fruitland Coal |
| | _ Feet From The North | Line and 1600 | Feet From TheWest Line |
| Section 33 | | nge 10 West | NMPM San Juan County |
| | 10. Elevation (Show whether | DF, RKB, RT, GR, etc.) | |
| | ppropriate Box to Indicate I | Nature of Notice, R | Report, or Other Data |
| NOTICE OF INTE | ENTION TO: | SUE | SSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB |
| OTHER: | | OTHER: Abandonn | ment of cathodic protection well |
| 12. Describe Proposed or Completed Operation | ons (Clearly state all pertinent details, ar | nd give pertinent dates, incl | uding estimated date of starting any proposed |
| work) SEE RULE 1103. Amoco Production Company the subject well as part and abandoned earlier. The prilled to 250'. | of the location clear | n up for the su | protection well associated with abject well which was plugged |
| Pumped 60 sx Class B Capped well Restored location. | cement to surface. | | SECEIAE D |
| | | · | NOV1 5 1991. |
| | | | OIL CON. DIV. |
| | and an allow to the base of market meaning and | L helief | |
| I hereby certify that the information above is true a SKINATURE J. L. Hami | tonfub | ne Sr. Staff Ac | dmin. Supv. DATE 1112 303- TELEPHONE NO. 830-5025 |
| TYPE OR PRINT YAME 5. L. HEIIII | | | |
| 7~). L | T | SUPERVISOR DI | STRICT #3NOV 1 5 1991 |
| CONDITIONS OF APPROVAL, IF ANY: | <i>?</i> | | |