

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

DISTRICT II
P.O. Drawer DD, Artesia, 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 23020
5. 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	Boyd Gas Com "C"
8. Well No.	#1
9. Pool name or Wildcat	Blanco Pictured
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5785' GL 5795' KB

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.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	Amoco Production Company Attn: John Hampton
3. Address of Operator	P.O. Box 800, Denver, Colorado 80201
4. Well Location	Unit Letter <u>D</u> : <u>825'</u> Feet From The <u>North</u> Line and <u>840'</u> Feet From The <u>West</u> Line

Section <u>8</u>	Township <u>10N</u>	Range <u>10W</u>	NMPM	San Juan	County
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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 OPNS. <input type="checkbox"/>
OTHER: <u>Abandon cathodic protection well</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

The cathodic protection well associated with the above well will be plugged and abandoned per the attached procedure.

RECEIVED
JUN 7 1990
OIL CON. DIV.
DIST. 3

Please contact Cindy Burton (303)830-5119 if you have any questions.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>John Hampton</u>	TITLE <u>Sr. Staff Admin. Supr.</u>	DATE <u>6/4/90</u>
TYPE OR PRINT NAME <u>John Hampton</u>		

(This space for State Use)

APPROVED BY <u>Original Signed by CHARLES GHOLSON</u>	DEPUTY OIL & GAS INSPECTOR, DIST. #3	DATE <u>AUG 07 1990</u>
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

TELEPHONE NO. 303-830-5025

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-17-2009 BY 60322 UCBAW