

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Jacquez Com	
9. Well No.	
6	
10. Field and Pool, or Wildcat	
Undes. Fruitland Coal	
12. County	
San Juan	

SUNDY 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. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-

2. Name of Operator
Amoco Production Company

3. Address of Operator
P.O. Box 800, Denver, CO 80201

4. Location of Well

UNIT LETTER B 920 FEET FROM THE North LINE AND 1850 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 31N RANGE 9W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6262' GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change of operator	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> APD extension

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) PER RULE 1109.

Approval is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.

Amoco additionally requests that the APD for this location be extended (the initial approval was signed August 26, 1988).

Approval Expires 8-28-89

RECEIVED

MAR 5 1989

OIL CON DIV

DIST

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

SIGNED J. L. Hampton J. L. Hampton TITLE Administrative Supervisor DATE 3-3-89

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 3

MAR 15 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: