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Submit 3 Copics to Appropriate District Office	State of New Mexi Energy, Minerals and Natural Reso			Form C-103 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 P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-045- 5. Indicate Type of Leas	e
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410		6. State Oil & Gas Leas	STATE FEE X
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:			7. Lease Name or Unit A	Agreement Name
OIL GAS WELL STORY OTHER				
2. Name of Operator			8. Well No.	•
Amoco Production Company			#1	
3. Address of Operator P.O. Box 800, Den	ver, Colorado 80201			Basin Fruitland Pictured Cliffs
4. Well Location Unit Letter A : 9	Feet From The North	Line and 790	Feet From The	East Line
Section 8	Township 31N R	ange 10W N	імрм :	San Juan County
	10. Elevation (Show whethe 5952' GL			-
11. Chec	k Appropriate Box to Indicate 1	Nature of Notice, Re	port, or Other Da	ıta
NOTICE OF INTENTION TO:			SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	ERING CASING
TEMPORARILY ABANDON [CHANGE PLANS	COMMENCE DRILLING	OPNS. PLU	G AND ABANDONMENT
PULL OR ALTER CASING [CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Spud	& Set	X
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent details, o	and give pertinent dates, includ	ding estimated date of star	rling any proposed
Set <u>8.625"</u> <u>J-55</u>	ce hole on <u>2/4/95</u> at <u>7:00</u> 24#surface casing a	t <u>267'</u> . Ceme	nled with	DECEIVED N MAR - 1 1995
232sx Cl B	Circulated	1.7 BBLS to the		
=	2500 psi. Drilled a 7.87			0111. G0(1). D(17). DIST. 3
	95 Set 4.5" J-55		•	
	mented with <u>510sx C1 B, 1</u> BLS good cement to the surface.			C1 D
	·			•
		·		•
I hereby certify that the information	above is true and complete to the best of my kno	_	Assistant	DATE 2/23/95
TYPE OR PRINT NAME Julie	L. Acevedo			TELEPHONE NO3 0 3 - 830 600
(This space for State Use)				
5	Buch	THEPETY ON A CAS IN	BESTAB RIST TO	MAR 1 1955
CONDITIONS OF APPROVAL. IF ANY:	/ July	THEFTHE ! THE A LOCAL TWO	nche, edi. 53	DATE
CONDITIONS OF APPROVAL, IF ANY:				