Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Ene	rgy, wither als a	and Natural IN	resources Depart	incin			
DISTRICT !	0	IL CONSE	ERVATIO	N DIVISION	[WE	LL API NO.		
P.O. Box 1980, Hobbs,	NM		P.O.Box 208	100 30 32	""		45-30287	
P.O. Drawer DD, Artes	a, NM 88210	Santa Fe,	New Mexico	8 (2009) 20080 (2)	5.	Indicate Type of Le	ase STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., A	ztec, NM			AUG 2000	6.	State Oil & Gas Le	ase No.	
SL	INDRY NOTI	CES AND REI	PORTS ON V	νε Ω δου		de Since	7.1	C Not w
(DO NOT USE THIS F DIFF	ORM FOR PRO ERENT RESER	POSALS TO DRI VOIR. USE "APF 101) FOR SUCH	LL OR TO DEP PLICATION FOR	PEN OR PLUG BAC	К ТО А.) 7.	Lease Name or Un S	it Agreement I	Vame
1. Type of Well:	GAS X	1	THER	ACTION OF				
2. Name of Operator				lelissa Velasco-Pri	I .	Well No.	2D	
AMOCO PRODUCTI	ON COMPAN	Y				Pool name or Wild	3B cat	
P.O. Box 3092	Houston	TX 77	253				Mesaverde	
Well Location Unit Letter	K : 154	0' Feet From Th	eSOUT	ΓΗ Line and	1980'	Feet From The	wes:	TLin
Sectio	29	Township	32N	Rang 10W	NMPI	и Sar	n Juan	County
		10. Elev	vation (Show whe	ether DF, RKB, RT, G 5964'	R, etc.)			a Contract of Section
11.	Check Appr	opriate Box to	Indicate Natu	ure of Notice Rep	ort or Othe	er Data	elas i palificiones si membros productivamen	a arth - Share familian
		ENTION TO:				QUENT REPOR	RT OF:	
PERFORM REMEDIAL	WORK	PLUG AND AB	ANDON	REMEDIAL WO	RK	ALTE	RING CASING	3 [
TEMPORARILY ABAND		CHANGE PLAN		COMMENCE DE			S AND ABAND	_
PULL OR ALTER CASI		CHANGETEN	••	CASING TEST			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· -								ſ
отнек: Deepenin	g ID			OTHER:				
12. Describe Proposed	or Completed C	perations (Clearly	y state all pertine	ent details, and give	pertinent date	s, including estima	ted date of sta	rting any
proposed Amoco Production Cor	npany request p	ermission to amm	end the APD ap	proved on 7/26/00.	There is a cha	ange in plans to dee	epen the TD fr	om
5117' to 5377'. Cemer	ting and casing	programs will be	adjusted in acco	rdance with the deep	ening of the	subject well.		
I hereby certify that the	e information a	bye is true and o	omplete to the b	est of my knowledge	and belief.			
SIGNATURE MO	1800 /	lapthe	J		ermitting A	ssistant	DATE	9-2000
TYPE OR PRINT NAME	Melis	sa Velasco-Pri	ice			TELEPHONE NO.	281-36	66-2548
(This space for State	Use)	$\frac{1}{2}$	1	DEFITY O	il # Gas in	SPECIAL DIST.	n AU	6302
APPROVED BY	$X \leq$	Her	1h				DATE	
CONDITIONS OF APPROV	AL, IF ANY:	- (y /						