Form	C-103
Revise	d 1-1-8

DISTRICT III TUXU Rio Brazos Rd., Aztec, NM 87410 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 OIL WELL OTHER CO2 2. Name of Operator Amoco Production Company 3. Address of operator P.O. Box 606, CLAYTON, NEW MEXICO 88415 4. Well Location Unit Letter J: 1930 Feet From The SOUTH Line and 1980 Feet From The EAST I	1			State of New Me	exico				m C-103	
DISTRICTI FOR Dear DD, Anesia, NM 88210 DISTRICTI FOR Dear DD, Anesia, NM 88210 Sania Fe, New Mexico 87504-2088 Sindiene Type of Lease 5TATE FEE S. 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 RESERVOR. USE "APPLICATION FOR PERMIT"	Aanmondau	5				it		Kev	rsed 1-1-8	y
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2. Name of Operator Amoco Production Cempany Amoco Production Cempany 3. Address of operator P.O. Box 505. 4. Well Location Unit Leuter Unit Leuter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST I Section 36 Township 23N Range 33E NMPM UNION County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4913 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORABILLY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING OTHER: 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. YEAR MONTH/DAY TUBING PRESSURE CASING PRESSURE BLEED DOWN TIME 1991 OCT. 9 315# 0 1992 SEPT. 17 310# 0 1993 JUNE 10 310# 0 1994 JAME 4Y 305# 0 1995 JUNE 4 305# 0 1999 OCT. 26 320# 0 1999 JUNE 10 310# 0 1999 JUNE 10 310# 0 1999 JUNE 10 310# 0 1999 JUNE 10 305# 0 1990 JUNE 10 305#		ell GAS	. П	OTHER	: сс	02				
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SIGNATURE	- I Clay	TITLE	FIELD TECH.	DATE 8-6-9K
TYPE OR PRINT NAME	8.	M.L. CLAY		TELEPHONE NO. (505) 374-305

(This space for State Use)

DISTRICT SUPERVISOR

_ DATE 9-16-96

CONDITIONS OF APPROVAL, IF ANY: