

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-059-20065

5. Indicate Type of Lease: STATE FEE

6. State Oil & Gas Lease No. _____

7. Lease Name or Unit Agreement Name _____

8. Well No. BDCDGU -1935

9. Pool name or Wildcat 071
Tubb

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 GAS WELL OTHER CO2

2. Name of Operator
Amoco Production Company

3. Address of operator
PO Box 606, Clayton, NM 88415

4. Well Location
 Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
 Section 7 Township 19N Range 35E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4650' GL

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"/>	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 OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER _____ <input type="checkbox"/>		OTHER: <u>Install casing liner</u> <input checked="" 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.

Polybore project cancelled. Did not pull wells.

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

SIGNATURE Billy E. Prichard TITLE Field Foreman DATE 3/16/96

TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO 374-3053

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 4-19-96

CONDITIONS OF APPROVAL, IF ANY.