

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

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

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

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

WELL API NO.

30039 24208

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Bear Canyon Unit

8. Well No.

5

9. Pool name or Wildcat

Garden Mance Ext.

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

2. Name of Operator

Amco Production Co.

3. Address of Operator

2325 East 30th St. Farmington, NM 87401

4. Well Location

Unit Letter M : 850 Feet From The South Line and 850 Feet From The West Line

Section 12

Township 36N

Range 20W

NMPM

Rio Arriba

County

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

7374' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Additional Completion ☒

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.

moved in service rig 4-4-89. nipple down wellhead and nipple
up BOP. clean out 210 ft of fill. Run pumps and rods. Put
well on pump test. Rig released 4-10-89.

RECEIVED

MAY 11 1989

CON. DIV.
DIST. 3

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

SIGNATURE

BS Shaw

TITLE

Adm Supervisor

DATE

5-9-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by CHARLES GHOLSON

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

MAY 11 1989

CONDITIONS OF APPROVAL, IF ANY: