Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 3003924208

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Bear Canyon Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Amoco Production Co.

8. Well No. 5

3. Address of Operator: 2325 East 30th St., Farmington, NM 87401

9. Pool name or Wildcat: Gavilan Mancos Ext.

4. Well Location
Unit Letter M : 850 Feet From The South Line and 850 Feet From The West Line
Section 12 Township 26N Range 2W 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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 4-13-89. Removed head and attempted to unseat pump and pump was stuck. Tripped in with production tubing. Set 2.37" SN @ 7455 ft. 55 casing at 7476 ft. Space pump out. Well shut in for evaluation. Rig released on 4-18-89.

RECEIVED
MAY 11 1989
OIL CON. DIV
DIST. 3

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

SIGNATURE [signature] 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: