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.

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: Barton Federal Com

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

2. Name of Operator: Amoco Production Company Attn: John Hampton

8. Well No.: 1

3. Address of Operator: P.O. Box 800, Denver, Colorado 80201

9. Pool name or Wildcat: Gavilan Marcos Ext

4. Well Location
Unit Letter A : 980 Feet From The North Line and 870 Feet From The East Line
Section 34 Township 26N Range 2W NMPM Rio Arriba County

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

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: Cancel APD	☒		

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.

Amoco does not wish to request an extension on the subject well's APD. Please cancel authorization to drill.

RECEIVED
FEB1 4 1990
OIL CON. DIV.
DIST. 3

ABANDONED LOCATION

If you require any additional information, please contact Cindy Burton @ (303) 830-5119.

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

SIGNATURE J.L.Hampton CB TITLE Sr. Staff Admin. Supr. DATE 2/6/90

TYPE OR PRINT NAME John Hampton TELEPHONE NO. 303-830-5025

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ABANDONED LOCATION