

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

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

Santa Fe, New Mexico 87504-2088

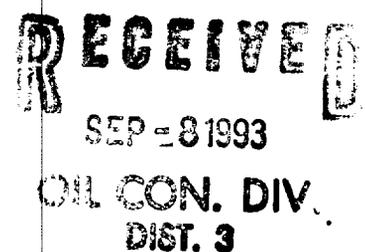
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 3003921636
5. Indicate Type of Lease STATE [] FEE [X]
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.)
1. Type of Well: OIL WELL [] GAS WELL [X] OTHER
2. Name of Operator: AMOCO PRODUCTION COMPANY Attention:
3. Address of Operator: P.O. Box 800 Denver Colorado 80201 (303) 830-4542
4. Well Location: Unit Letter H : 1610 Feet From The North Line and 830 Feet From The East Line
Section 30 Township 28 N Range 7 W NMPM RIO ARRIBA County
10 Elevation (Show whether DF, RKB, RT, GR, etc.): 5953' 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: Verbal appr. confirm [X]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
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.
As approved 8-27-93, Amoco Production Company intends to perform a pressure transient test on the subject well to determine reservoir properties.
Upon reviewing the conditions of approval, Richard Volz of Amoco telephoned the NMOCD and received verbal approval from Ernie Busch to proceed with the pressure test procedure as detailed on our 8-2-93 sundry provided Amoco rent a downhole fire stop to be used on location in the unlikely event of fire. Composition data will be taken at the well to determine when production can be returned to pipeline.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE: Bobbe Bren-Carley TITLE: Business Analyst DATE: 09-02-1993
TYPE OR PRINT NAME: Bobbe Bren-Carley TELEPHONE NO.: (303) 830-4542

(This space for State Use)
APPROVED BY: Original Signed by FRANK T. CHAVEZ TITLE: SUPERVISOR DISTRICT # 3 DATE: SEP - 8 1993
CONDITIONS OF APPROVAL, IF ANY: