

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.

300450664000

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.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

Attention:

Gail M. Jefferson, Rm 1295C

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 830-6157

8. Well No.

1

9. Pool name or Wildcat

So, Blanco Pic. Cliffs

4. Well Location

Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line

Section

9

Township

27N

Range

9W

NMPM

San Juan

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Cancel P&A Request ☒

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.

Amoco Production Company is hereby cancelling its May 4, 1995 request to P&A the above referenced well which NMOCD approved May 5, 1995.

If you have any questions please contact me at the telephone number listed below.

RECEIVED  
JUN 10 1995  
OIL CONSERVATION DIVISION  
BUREAU 2

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

SIGNATURE

Gail M. Jefferson

TITLE

Sr. Admin. Staff Asst

DATE

06-14-1995

TYPE OR PRINT NAME

Gail M. Jefferson, Rm 1295C

TELEPHONE NO. (303) 830-6157

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

JUN 16 1995

CONDITIONS OF APPROVAL, IF ANY