

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.	3004511925
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	STATE COM D
8. Well No.	# 5
9. Pool name or Wildcat	BASIN DAKOTA <i>Blended m v</i>
4. Well Location	Unit Letter <u>I</u> : <u>1910</u> Feet From The <u>NORTH</u> Line and <u>1545</u> Feet From The <u>WEST</u> Line
Section	<u>32</u> Township <u>27N</u> Range <u>8W</u> NMPM <u>SAN JUAN</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	6314 GR

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

Nancy I. Whitaker

P.O. Box 800 Denver Colorado 80201 303-830-5039

4. Well Location

Unit Letter I : 1910 Feet From The NORTH Line and 1545 Feet From The WEST Line

Section 32 Township 27N Range 8W NMPM SAN JUAN County

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

6314 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: DEMAND LETTER 6/7/97 ☒

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.

THIS WELL IS SCHEDULED TO BE PLUGGED AND ABANDONED IN THE 4TH QUARTER OF 1997. NOTICE OF INTENT HAS BEEN FILED AND APPROVED.

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

SIGNATURE

Nancy I. Whitaker

TITLE

Staff Assistant

DATE

07-09-1997

TYPE OR PRINT NAME

Nancy I. Whitaker

TELEPHONE NO.

303-830-5039

(This space for State

APPROVED BY

Johnny Robinson

TITLE

DATE

JUL 14 1997

CONDITIONS OF APPROVAL, IF ANY: