Submit 3 Copies to Appropriate District Office

State of New Mexico / Energy, Minerals and Natural Resources

Form C-103 Revised 1-1-89

DISTRICT I		OIL	CONSE	RVATIO	DN DI	VISIO	N					
P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2								WELL API NO. 3004500790				
DISTRICT II Santa Fe, New Mexic P.O. Drawer DD, Artesia, NM 88210						-2088		5. Indicate Ty				
DISTRICT III									STA	ATE 🗌	FEE X	
1000 Rio Brazos Ro	., Aztec, NM 8	7410						6. State Oil 8	Gas Lease	No.		
(DO NOT HOT THE	SUNDRY N	OTICE	S AND REF	ORTS ON	WELLS							
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO D DIFFERENT RESERVOIR. USE "APPLICATION F						PLUG BAC T"	CK TO A	7. Lease Name or Unit Agreement Name				
4 7 4 4 4	(FOF	RM C-101) FOR SUCH F	PROPOSALS.)	<u> </u>			тс	TAH VIST	A GAS CO)M	
1. Type of Well: OIL WELL	GAS WELL	X	O'	ПНЕК						, , o, , o o o	2101	
2. Name of Operator			<u>_</u>	Attention				8. Well No.				
AMOCO PRODU	O PRODUCTION COMPANY Attention					Nancy I. Whitaker			# 1			
P.O. Box 800	Denver	C	olorado	80201	303-	830-5039)	9. Pool name or Wildcat BASIN DAKOTA				
4. Well Location Unit Letter	M :	940	Feet From The	SOU [*]	TH	Line and	79	00 Feet F	rom The	WEST	Line	
Section	22	-	Township	29N	Range	13W	' N	MPM	SAN JU	JAN	County	
			10. Eleva	tion (Show whe	ther DF,	RKB, RT, G	SR, etc.)					
					5278	RB						
11.	Check	Appropi	nate Box to	Indicate Na	ture of	Notice R	eport or	Other Data				
NC	OTICE OF I	NTENT	ION TO:				SUB	SEQUENT I	REPORT	OF:		
PERFORM REMEDIA	L WORK	PL	UG AND ABAN	IDON	REM	EDIAL WO	RK		ALTERIN	G CASING		
TEMPORARILY ABAN	NDON	СН	ANGE PLANS		COM	IMENCE D	RILLING C	PNS	· i	D ABANDO	NIMENT []	
PULL OR ALTER CA	SING					ING TEST			LOGAN	D ABANDO	INIVIEWI [
OTHER:	DEMAND L	ETTER 6	:/7/97	X								
JINER					Oin	ER:					LJ	
12. Describe Propose	d or Completed	l Operatio	ns (Clearly stat	e all pertinent o	details, an	nd aive perti	nent dates	including estin	nated date of	starting any	nronosed	
WORK) SEE RULE	. 1103.										proposed	
AMOCO PRODUCTI	ON COMPLET	ED THE	PXA ON THIS	WELL 4/16/97	. SUBSE	QUENT H	AS BEEN I	FILED BUT NO	T APPROVI	ĒD.		
								()) · · ·				
	•											
I hereby certify that the	ne information a	bove is tr	ue and complet	e to the best of	my know	ledge and b	pelief.		·			
SIGNATURE / On	rayl	M	lake		тпе_		Staff As	sistant	DATE	07-10-1	997	
TYPE OR PRINT NAME	N	lancy I.	Whitaker	·	-			TELEPH	ONE NO.	303-830-	5039	
(This space for State		γ										
Ook	mny 0	Kolu	inson	<i>)</i>	الملبع	MOV OA	4 C 60 S4	argure i	# # 3	611 ±	4 1997	
APPROVED BY					TITLE	-		· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>	4 1997	

CONDITIONS OF APPROVAL, IF ANY: