

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.

3004507995

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

8. Well No.

#1

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 830-6157

9. Pool name or Wildcat

Basin Dakota

4. Well Location

Unit Letter I : 1650 Feet From The South Line and 960 Feet From The East Line

Section

20

Township

29N

Range

10W

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 Recompletion ☒

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 requested permission to plug back the Dakota and recompleting the above referenced well to the Chacra March 3, 1995 and permission was granted by NMOCD on March 13, 1995. After further evaluation of this well Amoco has decided not to recomplete this well and has cleaned out the Dakota horizon and is producing the Dakota. Please cancel our request for recompletion of this well.

If you have any questions please contact Gail M. Jefferson at (303) 830-6157.

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

08-09-1995

TYPE OR PRINT NAME

Gail M. Jefferson, Rm 1295C

TELEPHONE NO. (303) 830-6157

(This space for State Use)

APPROVED BY

Gail M. Jefferson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

AUG 15 1995

CONDITIONS OF APPROVAL, IF ANY: