Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT II P.O. Drawer DD, Artesia, NM 88210		WELL API NO.	
		30-045-09279	
		S. Indicate Type of Lease	
DISTRICT III			STATE FEE X
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICE	S AND REPORTS ON V	VELLS	
(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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. GAS WELL WELL X	OTHER		Archuleta
2. Name of Operator	2.1	7) ***	8. Well No.
Amoco Production (Company Attn:	John Hampton	9. Pool name or Wildcat
3. Address of Operator P.O. Box 800 Dens	ver, Colorado	80201	Blanco Mesaverde
4. Well Location	ver, cororado	00201	
Unit Letter N : 1000'	. Feet From The South	Line and 108	Feet From The West Line
Section 19	Township 30N	Range 8W	NMPM San Juan County
		ther DF, RKB, RT, GR, esc.)	VIIIIIIIIIIIIII
	5712'	GR	
11. Check Ap	propriate Box to Indica	ite Nature of Notice, I	Report, or Other Data
NOTICE OF INTE	NTION TO:	SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:	[OTHER: Abando	on cathodic protection well
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	s (Clearly state all pertinent detail	ils, and give pertinent dates, inci	luding estimated date of starting any proposed
Amoco Production Company the subject well as follo 1. Drilled to TD of 300'	ws:	oned the cathodic	protection well associated wit
2. Pumped 80 sxs cmt. C (Cmt with 18# Floce)	irc to surface.		RECEIVEN
			OCT 2 9 1990
Please call Cindy Burton	at 303-830-5119 i	f you have any qu	nestions OIL CON. DIV., DIST. 3,
I hereby certify that the information above is true and SKINATURE	1 1		Admin. Supv. DATE 10/24/90

ТЕЛЕН ЮНЕ НО. 830-5025 TYPE OR PRINT NAME John L. Hampton

CONDITIONS OF AITPOVAL, IF ANY: