

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

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.	30-045-09369
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	Linda Nye
8. Well No.	#1
9. Pool name or Wildcat	Blanco Mesaverde
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5760' GL

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Amoco Production Company Attn: J.L. Hampton
3. Address of Operator P.O. Box 800 Denver, Colorado 80201	4. Well Location Unit Letter B : 1090' Feet From The North Line and 1450 Feet From The East Line Section 20 Township 30N Range 8W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5760' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Bradenhead Repair ☒

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 intends to perform the attached workover procedure to eliminate bradenhead pressure.

RECEIVED  
FEB 19 1992  
OIL CON. DIV.  
DIST. 3

Please contact Cindy Burton (303) 830-5119 if you have any questions.

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

SIGNATURE J.L. Hampton TITLE Sr. Staff Admin. Supr. DATE 2/18/92  
TYPE OR PRINT NAME J.L. Hampton TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Original Signed by CHARLES GNOLSON DEPUTY OIL & GAS INSPECTOR, DIST. #3  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE \_\_\_\_\_

FEB 19 1992