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	C	IL CONSE	RVATIO	ON DI	VISION	4					
P.O. Box 1980, Hobbs, NM 88240 P.O.Box 208							WELL API NO. 3004511574				
DISTRICT II Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210					-2088		5. Indicate Type of Lease				
DISTRICT III					•			STATE FEE X			
1000 Rio Brazos Rd.,	Aztec, NM 87410	1					6. State Oil	& Gas Lease	No.		
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)					PLUG BAC	КТОА	7. Lease Name or Unit Agreement Name				
Type of Well:	(, 0, 1, 1, 0	10171 011 000111	TOT OUTEO.	·/			GA	ALLEGOS C	CANYON UN	ĮIT	
OIL GAS X OTHER  2. Name of Operator							0 144 # 51				
AMOCO PRODUCT	Nancy I. Whitaker			8. Well No. 199							
P.O. Box 800 Denver Colorado 80201					303-830-5039			9. Pool name or Wildcat BASIN DAKOTA			
4. Well Location Unit Letter	O : 100	Feet From The	sou	ITH	Line and	25	10 Feet	From The	EAST	Line	
Section	34	Township	29N	Range	12W	NI	<b>МРМ</b>	SAN JI	JAN	County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5441 RDB									-		
11. NO	Check App	ropriate Box to	Indicate N	ature of	Notice Re	-	Other Data		OF:		
PERFORM REMEDIAL	WORK	PLUG AND ABAN	IDON	REA	MEDIAL WOI	RK	Г	ALTERIN	IG CASING		
TEMPORARILY ABANG		CHANGE PLANS			MMENCE DR		DNC [	_		 	
PULL OR ALTER CASI		CHANGE PLANS	ابا		SING TEST A		_	J PLUGAN □	ID ABANDON	MENT []	
	DEMAND LETT	ED eleioz	<u></u>			AND CEMI	ENT JOB			(——	
OTHER:	DEMAND LETT	ER 0/0/9/	X	ОТН	IER:					∐	
12. Describe Proposed work) SEE RULE 1	or Completed Ope 103.	erations (Clearly stat	te all pertinent	details, a	nd give pertin	nent dates,	including esti	mated date o	f starting any p	oroposed	
THIS WELL IS SCHED	OULED TO BE PX	A BY THE 4 TH QT	R OF THIS Y	EAR.		agent of the agen					
JIL 1 4 1967 W											
									5-4. 5		
	•							MA G Carlotta			
I hereby certify that the	information above	e is true and comple	te to the best of	•		elief. Staff As	sistant		07-07-19	997	
TYPE OR PRINT NAME	Nand	cy I. Whitaker		_ mle _				PHONE NO.	303-830-5		
				<del> </del>							
(This space for State	<i>(</i> )	21-	•						JUL 1	A 1005	
APPROVED BY	hany a	olinso	<u>ν</u>	_ TITLE _	EPUTY OIL	<u> 4</u> 645 ;	HERROTOR,	BATE	OOL 1	4 1997	
CONDITIONS OF APPROVA	1.1										