|  |  |                                       |  |                    | 1                                     |
|--|--|---------------------------------------|--|--------------------|---------------------------------------|
| Submit 3 Copies To Appropriate District  | State of New Mexico  |                                       |  |                    |                                       |
| Office<br>District I   | Energy, Minerals and Natural Resources   |                                       |  |                    | Form C-103                            |
| 1625 N. French Dr., Hobbs, NM 88240  | Energy, witherars and waterar Resources  |                                       |  | WELL API NO.       | Revised March 25, 1999                |
| District II<br>811 South First, Artesia, NM 88210  | OIL CONSERVATION DIVISION  |                                       |  | 1                  | 045-30319                             |
| District III   | 1220 South St. Francis Dr.   |                                       |  | 5. Indicate Type   |                                       |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  | Santa Fe, NM 87505   |                                       |  | STATE              |                                       |
| 1220 S. St. Francis Dr., Santa Fe, NM  | 2,111,10,505   |                                       |  | 6. State Oil & C   | as Lease No.                          |
| SUNDRY NO  | ΓICES AND REPORTS (  | N. WELL                               |  |                    |                                       |
| (DO NOT USE THIS FORM FOR PROP<br>DIFFERENT RESERVOIR. USE "APPL<br>PROPOSALS.)  | OSALS TO DRILL OR TO DE  | FPFN OR PL                            | HC PARK TO A                           | 7. Lease Name or   | Unit Agreement Name:                  |
| 1. Type of Well: Oil Well Gas Well   | Other  |                                       | OCT                                    | Gallego            | s Canyon Unit                         |
| 2. Name of Operator  | Other  |                                       | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 8. Vell No.        |                                       |
| Amoco Production Company   | Attn: Ch   | erry Hlave                            | . 750 150 l                            | o well ivo.        | 566                                   |
| 3. Address of Operator   | ······································   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 167 377                                | 9 Pool name or V   |                                       |
| P.O. Box 3092 Houston, TX  | 77253  | , Ye                                  | <u> </u>                               |                    | · · · · · · · · · · · · · · · · · · · |
| 4. Well Location   |  |                                       |  |                    |                                       |
| Unit Letter F 2150 feet from the North line and 1340 feet from the West line   |  |                                       |  |                    |                                       |
| Section 28 Township 29N Range 12W NMPM San Juan County   |  |                                       |  |                    |                                       |
|  | 10. Elevation (Show  |                                       | R, RKB, RT, GR, etc.                   | ) San Jud          | n County                              |
| A COMPANY OF THE PARTY OF THE P |  | 5322'                                 | GR                                     |                    | 医多种性 化二氯甲                             |
| 11. Check  | Appropriate Box to Ir  | idicate N                             | ature of Notice, F                     | Report or Other 1  | Data                                  |
| NOTICE OF IT   | NIENTION TO:   |                                       | SUBS                                   | SEQUENT REI        | PORT OF:                              |
| PERFORM REMEDIAL WORK  | J PLUG AND ABANDON   | 4 L                                   | REMEDIAL WORK                          |                    | ALTERING CASING [                     |
| TEMPORARILY ABANDON  | CHANGE PLANS   |                                       | COMMENCE DRIL                          | LING OPNS.         | PLUG AND ABANDONMENT                  |
| PULL OR ALTER CASING   | MULTIPLE COMPLETION  |                                       | CASING TEST AN CEMENT JOB              | D $\square$        |                                       |
| OTHER:   |  |                                       | OTHER: Spud &                          | Set Report         | Г                                     |
| 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated to  |  |                                       |  |                    |                                       |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  |  |                                       |  |                    |                                       |
| 9/18/2001 MIRUDU spud a 9 7/8" hole @ 23:15 hrs. Drilled to 141' & set 7" J-55 23# surface Csg @ 141'. Cmt w/100 sxs Cls "G" 2% CC .25# D29SK 2% S1. Circ. to surface. NU BOP & tst 200 & 750 PSI ok.  |  |                                       |  |                    |                                       |
| Drlg. Out cmt. Drlg a 6 ¼" hole to 1417'. Set 4 ½" J-55 10.5# Csg @ 1412'. Cmt w/150 sxs Cls G.& Cir. To surface.  |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
| 9/20/2001 RDMODU Rig released 23:59 hrs.   |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
|  |  |                                       |  |                    |                                       |
| I hereby certify that the informatio   | n above is true and comp   | ete to the h                          | pest of my knowledge                   | e and belief       |                                       |
| SIGNATURE Chorry   | 11/  |                                       | gulatory Analyst                       |                    | 100 (000 -                            |
| Type or print name Cherry H  |  | IILE Ke                               | guiatory Analyst                       | -                  | 0/23/2001                             |
| (This space for State use)   | IMPM   |                                       |  | I elephone No      | o. 281-366-4081                       |
|  | MY ESPANATION TO THE STATE OF |                                       | CHARLE ON S EVER                       | Marka Lange Rate 🐞 | OCT 25.2001                           |
| APPPROVED BY Conditions of approval, if any:   |  | _TITLE                                |  |                    | DATE                                  |