Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240		W	ELL API NO.	
District II	OIL CONSERVATION DIVISION		30-045-09867	
811 South First, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE	FEE 🗙
District IV	Santa I C, IVIVI 6	W. 1	State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		Tom (a)		
SUNDRY NO	TICES AND REPORTS ON WELLS		Lease Name or	Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN DEPL	JG BAG ON A		
DIFFERENT RESERVOIR, USE "APPI PROPOSALS.)	ICATION FOR PERMIT" (FORM C	SON O		
1. Type of Well:		Carlotte, Carlot	Blai	nco Com 2
Oil Well Gas Well	Other &			
2. Name of Operator		8.	Well No.	
Amoco Production Company	Attn: Mary Corley	COC BLOW		1
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 3092 Houston, TX	77253			
4. Well Location				
Unit Letter K	1850 feet from the South	line and18505feet	from the	/east _line
Section 02	Township 30N Range	11W NM	PM San Ju d	an County
	10. Elevation (Show whether Di	R, RKB, RT, GR, etc.)		
11. Check	Appropriate Box to Indicate Na	ature of Notice, Rep	ort or Other	Data
	NTENTION TO:		QUENT RE	
1101102 01 1111211111111111111111111111		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. 🔲	PLUG AND
	*** TIDLE	OACING TEST AND	_	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
	COMPLETION	CEMENT SOB		
OTHER: Well Restored to p	roduction	OTHER:		
12 Describe proposed or comp	leted operations. (Clearly state all per	rtinent details, and give	pertinent dates,	including estimated date
of starting any proposed wor	k). SEE RULE 1103. For Multiple (Completions: Attach we	llbore diagram	of proposed completion
or recompilation.	•	•		
•				
The subject well was restored t	to production on June 15, 2001. (W	/ell was off production	since 01-1997	. Amoco ran slickline
tag and tested the well)	•			
		1	d 1 1: . £	
I hereby certify that the informat	ion above is true and complete to the	best of my knowledge a	na benei.	
	MINA PLANTING &	r. Regulatory Analyst	DATE	04 /27 /2001
GLOS LA PRINTE		r keallatory Analyst		
SIGNATURE	myconey IIILE_3		D/116	06/27/2001
				281-366-4491
Type or print name Mary Co	origin (T	elephone No.	281-366-4491
Type or print name Mary Co (This space for State use)	opiev /		elephone No.	281-366-4491
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