_	Submit 3 Copies	State of New Mexico				Form C-103		
٠,٠	to Appropriate					Revised 1-1-89	'	
	DISTRICT I	OIL CONS	OIL CONSERVATION DIVISION					
	P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2088			WELL API NO.	2004542422			
	DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088				3004513120 5. Indicate Type of Lease			
	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					STATE FI	EE X	
_		7740			6. State Oil & Ga	Lease No.		
	SUNDRY N (DO NOT USE THIS FORM FOR							
	DIFFERENT RE	7. Lease Name or Unit Agreement Name						
-	1. Type of Well:	Duff Gas Com /B/						
	OIL GAS WELL	X OTHER						
	2. Name of Operator Amoco Production Company		Attention:	y Haefele	8. Well No.	1		
	3. Address of Operator		rdli	<u></u>	9. Pool name or \			
-		Colorado	80201	(303) 830-4988		z Pictured Cli	ffs Ext	
	4. Well Location Unit Letter P:	1190 Feet From The	South	Line and 80	O Feet From	The East	Line	
	Section 27	Township	30N R	ange 12W N	MPM	San Juan 0	County	
				er DF, RKB, RT, GR, etc.)				
E	11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
	NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:							
1	PERFORM REMEDIAL WORK	PLUG AND ABA	ANDON	REMEDIAL WORK	155	ALTERING CASING		
	TEMPORARILY ABANDON	CHANGE PLAN		COMMENCE DRILLING		PLUG AND ABANDON	MENT	
ı	PULL OR ALTER CASING	]		CASING TEST AND CEN			· []	
OTHER: OTHER:						PAYPE		
-	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 Production Company has repaired the subject well using the following procedures:								
	MIRUSU 4/4/95. SICP	360 psi. SITP 34	0 psi. RIH an	d set CIBP at 1800 ft.	Isolate for wat	er production.		
MIRUSU 4/4/95. SICP 360 psi. SITP 340 psi. RIH and set CIBP at 1800 ft. Isolate for water production. TIH and landed tubing at 1793 ft. Flowed well after setting CIBP - try to shut off water. SICP 290 psi.								
SITP 290 psi. RDMOSU 4/5/95.								
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				NE NE	GEIV!	<u>E</u> U		
				uu A	PR 2 7 100=	- <i>{U}</i>		
				MIT A	- · 1050			
-	I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
	SIGNATURE Patty Hal	lele			istante 3	DATE04-195	95	
	TYPE OR PRINT NAME	V Patty Haefele				TELEPHONE NO. (303) 83	30-4988	
Ξ	(This space for State Use)							
	$\sim 0$	Palinna	<b>~</b>	PEDUTY ON 9 CAS	INSPECTOR DIST	.æ3 ∆PD o	7 (00)	
	APPROVED BY CONTROL OF APPROVED BY	VUTUNO	<u> </u>	TITLE DEPUTY OIL & GAS	1.301 10.1014, 10.10	DATE THE L	1 1995	