Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		-	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III DISTRICT III			WELL API NO.
			3004529296
			5. Indicate Type of Lease
			STATE FEE X
			6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON V	VELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIVE OR TO DEEDEN OR DIVID DACK TO A			7. Lease Name or Unit Agreement Name
	RVOIR. USE "APPLICATION FOR	PERMIT"	The board of the Agreement Marie
1. Type of Well:	C-101) FOR SUCH PROPOSALS.)		McPhee Gas Com
	▼ OTHER		
2. Name of Operator	Attention:		8. Well No.
Amoco Production Company	Gail !	M. Jefferson	#1
3. Address of Operator P.O. Box 800 Denver	Colorado 80201	(303) 830-6157	9. Pool name or Wildcat
4. Well Location			Blanco Mesaverde
	90 Feet From TheNorth	Line and 164	5 Feet From The West Line
0.4	m 11 2081	n 4014/	Con I
Section 1			APM San Juan County
	10. Elevation (Show when	ther DF, RKB, RT, GR, etc.)	
11. Check Ar	propriate Box to Indicate	Nature of Notice, Rep	port, or Other Data
NOTICE OF IN	· ·	· · · · ·	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING		CASING TEST AND CEME	
OTHER:		OTHER:	Spud and Set Casing
12. Describe Proposed or Completed Op work) SEE RULE 1103.	verations (Clearly state all pertinent det	tails, and give pertinent dates, inc	cluding estimated date of starting any proposed
	" conductor hole on 11/28/95 ass B. Cement pipe to surface.	at 10:00 hrs. Drilled to 12	27'. Set 8.625" 24# conductor pipe at
	11/30/95 at 05:15 hrs. Drilled	1 to 2600' Set 5 500" 14	# surface casing at 2500 DE!
			obls to surface. Pressure test casing to
1338 psi.			to burious Prossure test cushing to
D''II			
Class B 50/50 Poz. Estimated		2.875" 6.5# production ca	asing at 5082'. Cemented with 280 sxs
Rig released at 23:00 hrs on 1			
riig released at 20.00 riis on i	12/10/03.		
Note: CBL will be run and sub	mitted when well is completed		0EC 1 8 1005 1/2/
			134 34 34 3
Therefore a decident of the second of the se			Car Government
I hereby certify that the information about	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
SIGNATURE SIGNATURE	. Ifferson	Sr. Admin. Sta	aff Asst. 12-12-1995
TYPE OR PRINT NAME	Gail M. Jefferson		TELEPHONE NO. (303) 830-615
(This space for State Hea)			
(This space for State Use)		OUDER HAAR T	IOTDIOT II A DEO 4 T 20
APPROVED BY Original Signed by	y FRANK T. CHAVEZ	SUPERVISOR DI	ISTRICT # 3 DEC 1 3 19

APPROVED BY