

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	3004510203
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State Gas Com BC
8. Well No.	1
9. Pool name or Wildcat	Basin Dakota
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5980 GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	Amoco Production Company
3. Address of Operator	P.O. Box 800 Denver Colorado 80201
4. Well Location	Unit Letter C : 790F Feet From The North Line and 1450 Feet From The West Line
	Section 32 Township 31N Range 12W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5980 GL

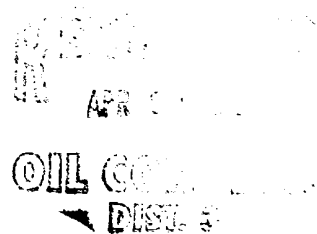
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: Well Repair <input checked="" type="checkbox"/>	

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.

Restore well to a productive status.

See attached procedures.

If you have any questions please call Lois Raeburn @ (303) 830-5294.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lois Raeburn TITLE Business Asst/ DATE 04-18-1994  
TYPE OR PRINT NAME Lois Raeburn TELEPHONE NO. (303) 830-5294

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE APR 25 1994  
CONDITIONS OF APPROVAL, IF ANY:

Amoco Production Company  
WELL REPAIR AUTHORIZATION AND REPORT

LEASE/UNIT NAME AND WELL NUMBER <b>State Gas Com BC1</b>		HORIZON NAME <b>Dakota</b>		ORIGINAL BLANK CORRECTION 6 DELETION 9	
FIELD <b>Basin Dakota</b>		COUNTY <b>San Juan</b>		STATE <b>NM</b>	
OPERATOR <b>Amoco</b>		OPERATIONS CENTER/DIVISION <b>STOC/SRBU</b>		ELEVATION <b>6L 5980</b>	
LAST PRODUCING WELL ON LEASE YES NO		T.D. <b>6991</b>		P.B.T.D. <b>6964</b>	
Amoco		OTHER WORKING INTERESTS		LOCATION <b>Sec 32-T31N-R12W</b>	
A. WORKING INTEREST <b>01625</b>		TOTAL REPAIR HORIZONS <input type="checkbox"/>		STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>	
B. NET INTEREST <b>01528</b>		PRODUCTION INCREASE EXPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)				ESTIMATED COST	
C. CONVERT TO INJECTION <input type="checkbox"/> D. WATER FRAC <input type="checkbox"/> E. ACIDIZE <input type="checkbox"/> F. PLUG BACK <input type="checkbox"/> G. WASHING SAND <input type="checkbox"/> H. SET LINER OR SCREEN <input type="checkbox"/> I. TREATING VOLUME - GAL <input type="text"/> DIVISION REPAIR CODE <input type="text"/>				INTANGIBLES	
J. GROSS PRODUCTION OIL BOPD <input type="text"/> WATER BWPD <input type="text"/> GAS MCFD <input type="text"/> OTHER /DAY <input type="text"/>				RIG COST \$ <b>4000</b>	
K. BEFORE ANTICIPATED UNIT PRICE OIL BOPD \$/BBL <input type="text"/> WATER BWPD \$/MCF <input type="text"/> GAS MCFD \$/UNIT <input type="text"/> OTHER /DAY \$/UNIT <input type="text"/>				EQUIPMENT RENTAL <input type="text"/>	
L. EXPECTED PAYOUT <b>4.9</b> MONTHS				CIRCULATING MEDIA <b>1000</b>	
M. GROSS INJECTION WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/>				CEMENT AND SERVICE <input type="text"/>	
N. RATE BPD OR MCFD <input type="text"/> PRESSURE PSIG <input type="text"/>				PACKERS AND EQUIPMENT <input type="text"/>	
				PERFORATE, LOG, WIRELINE <input type="text"/>	
				STIMULATION <input type="text"/>	
				LABOR <input type="text"/>	
				SPECIAL EQUIPMENT <input type="text"/>	
				FISHING <input type="text"/>	
				OTHER INTANGIBLES <b>2000</b>	
				TOTAL INTANGIBLES \$ <b>7000</b>	
				TANGIBLES	
				CSG., TBG., HEAD, ETC. \$ <b>0</b>	
				TOTAL GROSS COST \$ <b>7000</b>	
				Amoco	
				WORKING INTEREST COST \$ <b>4375</b>	
REASON FOR WORK <b>Restore well to a productive status.</b>					
1. Pull 2 3/8" tbg string up 2 jts. Drop back down and tag for fill. Lay down stuck plunger + orange peel mud anchor.					
2. CO any fill that covers perfs. Use N2 to CO fill.					
3. Re-run 2 3/8" tbg w/ mud mule shoe on bottom. Land tbg @ 6806'.					
4. Swab well in and RTP.					
Notice To Nonoperator: Costs shown on this form are estimates only. Nonoperators should not consider these estimates as establishing any limit on monies which will be required to perform the proposed operation.					
Nonoperator _____ By _____ Date _____					
T. REPAIR RESULT SUCCESS <input type="checkbox"/> FAILURE <input type="checkbox"/> DATE REPAIR COMPLETED MO. ____ DAY ____ YR. ____				RECOMMENDED <b>Steven B. Smith</b> DATE <b>4-15-94</b>	
GROSS PRODUCTION DURING PAYOUT U. OIL BOPD <input type="text"/> GAS MCFD <input type="text"/> W. WATER BWPD <input type="text"/> OTHER /DAY <input type="text"/>				AUTHORIZED <b>Steven B. Smith</b> MO. ____ DAY ____ YR. ____	
GROSS INJECTION Y. RATE BPD OR MCFD <input type="text"/> PRESSURE PSIG <input type="text"/>					
Z. ESTIMATED FINAL GROSS COST \$ <input type="text"/>					