

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

3004510203

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

STATE GAS COM BC

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Attention:

Amoco Production Company

LOIS RAEBRUN

8. Well No.

1

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

9. Pool name or Wildcat

BASIN DAKOTA

4. Well Location

Unit Letter

C

: 790

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: WELL REPAIR ☒

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.

On 5/3/94, MIRUSU, BLOW DN, NDWH, NUBOP, SI WELL, SDFN. ON 5/4/94, TIH FILL @ 6752', SDFN. On 5/5/94, CLN OUT W/ N2 TO 6788', SWEEP W/ FOAM. SDFN.. On 5/6/94, LAY DN 1 JT TBG & LAND @ 6744', PMP 100 GALS HCL ACID SPOT ON PERFS, DISP W/ 6 BBLs KCL WTR. SDFN. On 5/7/94, SWAB WELL IN, RDSUMO.

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

SIGNATURE

Lois Raeburn

TITLE

Business Assistant

DATE 10-06-1994

TYPE OR PRINT NAME

LOIS RAEBRUN

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Charles E. Nelson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST #

DATE

OCT 12 1994

CONDITIONS OF APPROVAL, IF ANY: