	253						1
Submit 3 Copics to Appropriate District Office	Energy, Minerals and I	l New Mexi Natural Reso		2.2		Form C-103 Revised 1-1-8	 89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSER	VATION D.Box 2088	DIVISION	WELL	API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Ind	3004520833 5. Indicate Type of Lease			
DISTRICT III IOW Rio Brazos Rd., Aztec, NM 8	7410			6. Sta	STAT		FEE 🔯
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:					7. Lease Name or Unit Agreement Name KEYS GAS COM E		
	∑ other						
2. Name of Operator Amoco Production Company		ntion: DEBD I	E MEDINA	8. Wo	ell No. 1		
3. Address of Operator P.O. Box 800 Denver	Colorado	80201	499 (303) 830- 527		ol namo or Wildgat	FYT. S	J
4. Well Location Unit Letter D : Section 27		32N R	Line and ange 10W er DF, RKB, RT, GR, e	NMPM	Feet From TheSAN JU		Line
II. Check	Appropriate Box to	Indicate N	Vature of Notice	Report	or Other Data		
and the second s	INTENTION TO:	Andreate 1			UENT REPORT		
PERFORM REMEDIAL WORK	PLUG AND ABAND	ои 🗌	REMEDIAL WORK		ALTERIN	G CASING	
TEMPORARILY ABANDONE (CHANGE PLANS		COMMENCE DRILL	LING OPNS.	PLUG AN	ND ABANDO	DNMENT [3
PULL OR ALTER CASING TEST AND CE			D CEMENT J	JOB			
OTHER:							
12. Describe Proposed Proposed work) SEE RULE 1103.	d Officiations Clerkly state all	pertinent deta	ils, and give pertinent d	lates, Includin	g estimated date of sta	uting any pro	oposed
3/8" TBG AND PUMP 32 SXS	11/94. KILL WELL, NI D STRAP, SET RET @ 2 OF CL B CMT, SQUEI FR 2402-2430, 2 JSPF.	2353', PRS 7 EZE TO 500	rst csg @ 500# 1 Psi. stage #2 -	AND HELD PUMP 143), SIFN. STAGE S SXS OF CL B C	#1 MT.	

ITS EST CIRC AND PUMP CMT FR 1625 TO SUR NMOCD-CHARLIE GHOLSAN ADVISED WE

		SO WE DIDN'T PERF @ 315'. RESTORE LOCA	· ·
	IF YOU HAVE ANY QUESTIONS PLEASE	Potty Haefele 4988 E CALL DEBBIE MEDINA AT 303 830- 5278.	
I hereby certif	y that the information above is true and complete to the I	-	
SIGNATURE	New meline	BUSINESS ASSOCIATE	DATE 10-31-1994
TYPE OR PRINT	NAME DEBBIE MEDINA	TEL	LEPHONE NO. (303) 830-5278
(This space fo	r State Use)		- 1005
APPROVED BY	Esca Buch	TITLE DEPUTY OIL 8 GAS INSPECTOR, DIST &	# JUN ~ 7 1995
	APPROVAL, IF ANY:		