

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

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

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 3004524825
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 Keys Gas Com A
8. Well No. 2
9. Pool name or Wildcat Basin Dakota

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
Attention: Patty Haefe	
3. Address of Operator P.O. Box 800 Denver Colorado 80201 (303) 830-4988	
4. Well Location Unit Letter F : 1660 Feet From The North Line and 1770 Feet From The West Line Section 27 Township 32N Range 10W NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5947' GR	

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: Cancel P&A ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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 is cancelling the plug and abandonment on this well. Amoco is planning on cleaning out fill and returning well to production. We will also evaluate for other possibilities such as recompletion.

RECEIVED  
JUN 25 1996  
OIL CON. DIV.  
DIST. 3

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

SIGNATURE Patty Haefe TITLE Staff Assistant DATE 06-24-1996  
TYPE OR PRINT NAME Patty Haefe TELEPHONE NO. (303) 830-4988

(This space for State Use)

APPROVED BY Johnny Robinson DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE JUN 25 1996  
CONDITIONS OF APPROVAL, IF ANY: