

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. 30-045-24974
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 FRT. Schneider Gas Com B
8. Well No. 1S
9. Pool name, or Wildcat Undesignated Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6063 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 Attn: John Hampton
3. Address of Operator P.O. Box 800 Denver, Colorado 80201	4. Well Location Unit Letter M : 950 Feet From The South Line and 900 Feet From The West Line Section 28 Township 32N Range 10W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6063 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: Acidize ☒

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 acidized the subject with 8400 gal 15% HCL.

RECEIVED
OCT 22 1990
OIL CON. DIV.,
DIST. 3

Please call Cindy Burton at 303-830-5119 if you have any questions.

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

SIGNATURE John L. Hampton TITLE Sr. Staff Admin. Supv. DATE 10/19/90
TYPE OR PRINT NAME John L. Hampton TELEPHONE NO. 303-830-5025

(This space for State Use)

APPROVED BY Original Signed by FRANK I. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE OCT 23 1990
CONDITIONS OF APPROVAL, IF ANY: