State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 2000 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease	
IL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30–045–24974	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20	ØN DIVISION	WELL API NO. 30-045-24974
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	•		6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WE OPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR PC-101) FOR SUCH PROPOSALS.)	M OUL FOOD PRIOR LAND	7. Lease Name or Unit Agreement Name
1. Type of Well: Off Well GAS WELL WELL X			8. Well No.
2. Name of Operator Amogo Pro	duction Company Att	n: J.L. Hamptor	1 18
3. Address of Operator	800, Denver, CO 80201		Cedar Hill Fruitland Basal Coal
		•	Feet From The West Line
Section 28	Township 32N io. Elevation (Show wheel) 6063 'GR	Range 10W her DF, RKB, RT, GR, etc.)	NMPM San Juan County
11. Check	Appropriate Box to Indicat	e Nature of Notice, I	Report, or Other Data BSEQUENT REPORT OF:
	ITENTION TO: PLUG AND ABANDON [REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	_	CASING TEST AND	
OTHER:		-	cathodic protection well x
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 Compa the subject well as fo	ny plugged and abando ollows:	ned the cathodic	protection well associated with
1. Received verbal approval from Charles Gholson NMOCD to plug the Cathodic protection well from 180'. (problems getting deeper)			
2. Drilled to 180'.3. Pumped 65 sx Class	B cement from 180' to		DECEIVED
4. Capped well.5. Restored location	around cathodic protec	tion well.	NOV1 5 1991
Please contact Cindy B	urton (3)3)830-5119 if	you have any qu	OIL CON. DIV
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE SIGNATURE	World -	_ mu Sr. Staff A	dmin. Supr. 303- TELEPHONE NO. 830-5025
TYPE OR PRINT NAME J. L. HE	mpton		
(This space for State Use)	()	CURENHOOD	NOV 1 5 1991

SUPERVISOR DISTRICT #3

NOV 1 5 1991

CONDITIONS OF APPROVAL, IF ANY: