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.
30-045-25844

5. Indicate Type of Lease STATE [X] 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

Jaquez Gas Com /F/

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

2. Name of Operator Amoco Production Company   Attn: Ed Hadlock

8. Well No. 1

3. Address of Operator P.O. Box 800, Denver, CO. 80201

9. Pool name or Wildcat Basin Dakota

4. Well Location
Unit Letter C : 1120 Feet From The North Line and 1450 Feet From The West Line

Section 34   Township 32N   Range 10W   NMPM   San Juan   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5898' KB

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: Bradenhead repair [X]

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.

To ensure zonal isolation behind the casing. Perform Bradenhead repair per attached procedures.

RECEIVED
FEB 1 6 1993
OIL CON. DIV
DIST. 3

If there are any questions please contact Ed Hadlock at (303) 830-4982.

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

SIGNATURE *Ed Hadlock*   TITLE Business Analyst   DATE 2/11/93

TYPE OR PRINT NAME Ed Hadlock

TELEPHONE NO.

(This space for State Use)

APPROVED BY *Dianna Fairhurst*   TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3   DATE 2/16/93

CONDITIONS OF APPROVAL, IF ANY: