State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION WELL API NO. 30 045 27842 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2084 DISTRICT Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210 FEE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Hutchin Gas Unit "B" WELL WELL T coal Seam oner 2. Name of Operator 8. Well No. #1 Amoco Production Company Attn: John Hampton 3. Address of Operator 9. Pool name or Wildcat P.O. Box 800, Denver, Colorado 80201 Basin Fruitland Coal GAS 4. Well Location 1400 Feet From The Unit Letter Line and Feet From The East Line Section Township 10W San Juan **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5827**'** Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER:_ Spud & Set Casing 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. surface hole on 10-13-90 at 13:30 hrs. Spud a Drilled to surface casing at Cemented with W/2% Cacla . Circulated BBLs to the surface. Pressure tested casing to 1000 _psi. Drilled a " hole to a TD 77/8 10-16-90. 5/2" 17# K-55 ' on Set production 2805 casing at Cemented with states , 1415x5 class & Dowell does to Dowell a G Dowell 65/35/02 tal wind 60 SX class & D Circulated * BBLs good cement to the surface. Rig Released at hrs. on 10-16-90 . curc 40 BBLS (15tstage) true and complete to the best of my knowledge and belief. SKINATURE TYPE OR PRINT NAME TELEPHIONE NO (This space for State Use)

mu SUPERVISOR DISTRICT #3

Original Signed by FRANK T. CHAVEZ

CONDITIONS OF APPROVAL, IP ANY: