Energy, Minerals and Natural Resources

Form C-103 Revised 1-1-89

DISTRICT I		OIL CONSI	ERVATI	ON DIVISION	(°	
P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2088					WELL API NO. 3004527842	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					5. Indicate Type of Lease	
						TATE FEE X
1000 KIO RLAZOS K	a., Aztec, NM 874				6. State Oil & Gas Lea	se No.
(DO NOT USE T	HIS FORM FOR P	TICES AND RE	LL OR TO DE	EPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
	(FORM	ERVOIR. USE "APF I C-101) FOR SUCH	PROPOSALS	OR PERMIT" S.)		
Type of Well:		· · · · · · · · · · · · · · · · · · ·		<u></u>	HUTCHIN	S GAS UNIT B
OIL OIL	14 1-1-1-1	X 0	THER			
Name of Operator AMOCO PRODU		ANY	Attention	Nancy I. Whitaker	8. Well No.	# 1
P.O. Box 800	Denver	Colorado	80201	303-830-5039	9. Pool name or Wildca	t ID COAL GAS
Well Location Unit Letter	G , 1	400 Feet From The	NOF	RTH Line and 1	720 Feet From The	EAST Lir
					r cet rioiii file	Lir
Section	7	Township	31N		NMPM SAN	JUAN County
		10. Eleva	ation (Show wh	nether DF, RKB, RT, GR, etc.) 5827 GR		
11.	Check Ar	onronriate Boy to	Indicate N	lature of Notice Report o	s Other Dete	
	OTICE OF IN	FENTION TO:	mulcale N		r Other Data BSEQUENT REPOR	T OF:
DEBEORM DEMEDI	AL MORK	51110 1115 1511				. •
PERFORM REMEDIA		PLUG AND ABAI		REMEDIAL WORK	ALTER	ING CASING
TEMPORARILY ABA		CHANGE PLANS	S	COMMENCE DRILLING	OPNS. PLUG	AND ABANDONMENT
PULL OR ALTER CA	SING			CASING TEST AND CEN	MENT JOB	
OTHER:	DMD LTR FO	DLLOWUP	X	OTHER:		
12. Describe Propose work) SEE RULE	ed or Completed O	perations (Clearly sta	te all pertinent	t details, and give pertinent date	s, including estimated date	of starting any proposed
				~ Y ~		
AMOCO PRODUCT	ION COMPANY IS	REQUESTING AN	ADDITIONAL	90 DAYS TO EVALUATE AND	MAKE A DECISION ON	THE ABOVE WELL.
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				A \$2 -		
				.		
				W.		
				÷	A SAME TO SEE	
I hereby certify that t	he information abo	ve is true and comple	te to the heet	of my knowledge and belief.	·	
SIGNATURE MAL	vay Il	hetap	6	Staff As	ssistant	10-02-1997
TYPE OR PRINT NAME	/ Nar	ncy I. Whitaker			TELEPHONE NO.	303-830-5039
(This space for State)					
APPROVED BY	showy 6	Robinson	<u>~_</u> _	DEPUTY OIL & GAS	INSPECTOR, DIST. #3	_ OCT - 6 19
CONDITIONS OF APPRO	VAL, IF ANY:	W1 -				
	*	HAP-OUG/	CXAINE	6120.97		