_	State of New Mexico				Form C-103	
Submit 3 Copies to Appropriate District Office	propriate Energy, Minerals and Natural Resources Department				Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O.Box 2088				WELL API NO. 3004528953		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088				5. Indicate Type of		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No. SF-078604-A		
SUNDR	Y NOTICES AND REPO	ORTS ON WI	ELLS			
(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  Martinez Gas Com J		
Type of Well:	- [ <del>[</del> ]					
OIL GAS WELL OTHER  2. Name of Operator Attention:				8, Well No.		
Name of Operator Amoco Production Company  Julie L. Acevedo			Acevedo	#1		
3. Address of Operator P.O. Box 800 Denver Colorado 80201				9. Pool name or Wildcat		
. Well Location	4700	Courth	17	20 Feet From	The West Line	
Unit Letter K	: 1760 Feet From The	500111	Line and 17	Peet From	The Em	
Section 32	Township	32N R	ange 10W I	NMPM	San Juan County	
	-	tion (Show wheth	er DF, RKB, RT, GR, etc.) 6088' GL			
1. Che	ck Appropriate Box t	o Indicate N	Nature of Notice, Ro	eport, or Othe	r Data	
NOTICE	OF INTENTION TO:		SU	BSEQUENT RE	PORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABAI	NDON [	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING				OPNS.	PLUG AND ABANDONMENT [	
PULL OR ALTER CASING CASING TEST AND C				MENT JOB		
OTHER: APD Revision X OTHER:						
12. Describe Proposed or Compwork) SEE RULE 1103.	oleted Operations (Clearly state	all pertinent deta	ils, and give pertinent dates,	including estimated o	late of starting any proposed	
	mpany requests your app	roval of the at	ttached casing, liner an	d cementing revi	sions to the application	
for permit to dim appro	, ved 611 9/6/66.					
					ECENEM	
				U/I	00T+ 9.1000	
					OCT1 3 1993	
				Oll	L CON. DIA	
					DIST	
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		uta to the best of t	my knowledge and belief			
I hereby certify that the inform	nation above is true and comple	te to the best of a	Sr. Staff	Assistant	DATE10-12-1993	
<i></i>	Julie L. Acevedo		TIFLE		TELEPHONE NO. (303) 830-60	
TYPE OR PRINT NAME						
(This space for State Use)					. " ncī 13 i	
Original Si	gned by CHARLES GHOLSO	N	TITLE DEPUTY OIL & GA	s inspector, dis	T. #° DATE OCT 13	
APPROVED BY	NV.					
CONDITIONS OF APPROVAL, IF A	14 8 .					