Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

חופושורד ו

OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

P.C. Box 1980, Hobbs, NM 88240 P.O. Box 20 DISTRICT II Santa Fe, New Mexico	WELL API NO. 3004529300		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE	FEE X	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WE			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEI DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A ERMIT	7. Lease Name or Unit Agreement Nam	ne
1. Type of Well: OIL GAS WELL OTHER		Ealum Gas Com	
2. Name of Operator Amoco Production Company Gail M. Jeffer	con Pm 1205C	8. Well No. #1R	
3. Address of Operator	3011, 1411 12930	9. Pool name or Wildcat	
	30-6157	Blanco Mesaverde	
4. Well Location Unit Letter H : 1630 Feet From The North	Line and1130	Feet From The <u>East</u>	Line Line
Section 33 Township 32N R		NMPM San Juan	County
11. Check Appropriate Box to Indicate		-	
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK DE PLUE AND ABANDON	REMEDIAL WORK	ALTERING CASIN	1G 🗌
TEMPORARILY ABANDON DEL 5 13 GHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABAN	DONMENT 🗌
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB	
OTHER: OHL COM. DIV.	OTHER: Spud and		X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.	and give pertinent dates, inclu	ding estimated date of starting any propos	æd
MIRU spud rig. Spud a 12.25" conductor hole o 9-5/8" 36# conductor pipe at 265'. Cement wit released 11/16/95.			
Drill an 8.750" surface hole on 11/19/95 at 1 casing at 3065'. Cemented with 450 sxs Class Circulated 40 bbls to surface. Pressure test	B 50/50 Poz, ta:	il with 100 sxs Class B	
Drilled a 6.250" hole to a depth of 5430' on at 5430'. Cemented with 330 sxs Class B 50/50			asing
Rig released at 12:00 hrs on 11/26/95. **Note: CBL will be run and submitted when we		•	
I hereby certify that the information above is true and complete to the best of my knowledge a		toff Acat 10/	4 /0 E
SIGNATURE You Cll. Refersor	mr Sr. Admin. St	taff Asst. DATE 12/	4/95
TYPE OR PRINT NAME		TELEPHONE NO.	
(This space for State Use)			
AFTROYED BY Original Signed by FRANK T. CHAVEZ	SUPERVISOR DI	STRICT#3 NFC	- 5 1995
Original Stands by FRANK I. CHAVEL	TILE	DATE	