State of New Mexico Form C-10J Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-045-27143 Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Ridenour Gas Com A (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL. OTHER 8. Well No. 2. Name of Operator John Hampton Amoco Production Company Attn: 9. Pool name or Wildcat Address of Operator Cedar Hill P.O. Box 800 Denver, Colorado 80201 Well Location Line and 1550 East Unit Letter _G 1450 Feet From The North Feet From The San Juan 13 31N 11W County Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5866' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB PULL OR ALTER CASING Stimulate with CO2 Х OTHER: 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. Amoco Production Company intends to stimulate the subject well as follows. Move on to location with 100 tons of CO2. Pmp CO2 dn csg/tbg annulus @ 2 bpm, with the last 100 bbl to be pmp @ a breakdown rate of 5-10 bpm.

SEP1 7 199

OIL CON. DIV.

Please call Cindy Burton at 303-830-5119 if you have any questions.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	- 4 4
Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Sr. Staff Admin. S	upv - pate 9/12/90
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TYPE OR PRINT VAME John L. Hampton	теля кне моз <u>03-830-50</u> 2

(This space for State Use)

APPROVED BY -

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

SEP 2 4 1990

CONDITIONS OF AITTROVAL, IF ANY: