

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88220

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-021-20031
5. Indicate Type of Lease STATE [] FEE []
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)
1. Type of Well OIL WELL [] GAS WELL [] OTHER CO2
2. Name of Operator Amoco Production Company
3. Address of operator P.O. Box 606, CLAYTON, NEW MEXICO 88415
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 36 Township 19N Range 30E NMPM HARDING County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4519.8 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: YEARLY BRADENHEAD TEST (TA WELL) []

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.
YEAR MONTH/DAY TUBING PRESSURE CASING PRESSURE BLEED DOWN TIME
1990 JUNE 27 550# 0
1991 JUNE 19 545# 0
1992 JUNE 16 540# 0
1993 MAY 26 540# 0
1994 JUNE 2 540# 0
1995
1996
1997
1998
1999
2000

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE M.L. Clay TITLE FIELD TECH. DATE 7-13-94
TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 7-15-94
CONDITIONS OF APPROVAL, IF ANY: