NO. OF COPIES RECEIVED	•	Form C-103
DISTRIBUTION	·	Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		•
		5a. Indicate Type of Lease
U.S.G.S.		<u> </u>
LAND OFFICE		State Fee Fee
OPERAT,OR	•	5. State Oil & Gas Lease No.
O' E CONTROL		· ·
SUNDRY	Y NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROP	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
GSE APPEICALL	ON FOR FERMIT = (FORM C-101) FOR SUCH PROFUSALS.)	
OIL FM GAS []		7. Unit Agreement Name
WELL SAS WELL	OTHER-	į
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·	8. Parm or Lease Name
	DANIV	Monning
AMOCO PRODUCTION COM	PANY	CORRIGAN
3. Address of Operator		9. Well No.
BOX 367, ANDREWS, T	TEVAC 70714	
	ILAAS 73714	10 Field and Deal are 80014 and
4. Location of Well	0 0 -	10. Field and Pool, or Wildcat
19	180 FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FR	LADDOCK.
UNIT LETTER	FEET FROM THE SEET FR	ministration 100
7-00.	an air an-	
THE EAST LINE, SECTIO	IN 33 TOWNSHIP 21-S RANGE 37-E NM	PM. (
THE	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	20 40	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	11111 3449 GL	LEA MINIM
16. Cl 1	Annual De Trible De Carella De Ca	0.1 0
Check A	Appropriate Box To Indicate Nature of Notice, Report or 6	Other Data
NOTICE OF IN	ITENTION TO: SUBSEQUE	NT REPORT OF:
<u></u>		· ·
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT, JES	111
PUCE OR ACTER CASING	CHANGE FEARS	HALLET 113
	OTHER	valusx
OTHER		
OTHER		
	erations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
	erations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
17. Describe Proposed or Completed Op-	erations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
17. Describe Proposed or Completed Operators work) SEE RULE 1903.		ing estimated date of starting any proposed
17. Describe Proposed or Completed Operators work) SEE RULE 1703.	erations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
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17. Describe Proposed or Completed Option work) SEE RULE 1703. WELL STATUS:	Shut-In	ing estimated date of starting any proposed
17. Describe Proposed or Completed Option work) SEE RULE 1703. WELL STATUS:		ing estimated date of starting any proposed
17. Describe Proposed or Completed Operator (1993). WELL STATUS:	Shut-In	ing estimated date of starting any proposed
17. Describe Proposed or Completed Options () SEE RULE 1103. WELL STATUS: DATE SI ON	TA:	ing estimated date of starting any proposed
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17. Describe Proposed or Completed Options) SEE RULE 1703. WELL STATUS: DATE S.I on REASON: Und PLANS; Run Wal	Thut In T.A: economical to produce rewing passibilities of r production or recompted k expected in 2-75.	
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17. Describe Proposed or Completed Optwork) SEE RULE 1703. WELL STATUS: DATE S.I on REASON: UNA PLANS! Lon 18. I hereby certify that the information SIGNED O-2 NO:CCC. 44 1- DIV APPROVED BY 1-52-5 CONDITIONS OF APPROVAL, IF ANY:	THE Shut-In T-A: economical to produce rewing passibilities of rewing passibilities of reproduction or recompted to the lupleted in 2-75. Lipit 23 10/175 above is true and complete to the best of my knowledge and belief. ADMINISTRATIVE ASSISTANT TITLE O-1: 1 TITLE TITLE	Eslarency tion (or P+4)
17. Describe Proposed or Completed Options () SEE RULE 1103. WELL STATUS: DATE S-I on REASON: Und PLANS; Run 18. I hereby certify that the information PLANS () NMOCC. ## 1- DIV APPROVED BY 1-52-50	THE Shut-In T-A: economical to produce rewing passibilities of rewing passibilities of reproduction or recompted to the lupleted in 2-75. Lipit 23 10/175 above is true and complete to the best of my knowledge and belief. ADMINISTRATIVE ASSISTANT TITLE O-1: 1 TITLE TITLE	Eslarency tion (or P+4)