

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator 501 Airport Drive, Farmington, NM 87401 4. Location of Well UNIT LETTER J 1700 FEET FROM THE South LINE AND 1480 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 28N RANGE 10W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 5736' GR	7. Unit Agreement Name 8. Farm or Lease Name Bruce R. Sullivan 9. Well No. 2 10. Field and Pool, or Wildcat Otero Chacra 12. County San Juan
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER APD extension <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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 requests an extension on the application to drill dated 6/7/84 for the subject well. We plan to spud this well during the first or second quarter of 1985.

Extended to June 11, 1985

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By

SIGNED B. D. Shaw

TITLE Administrative Supervisor

DATE 11/29/84

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____

TITLE SUPERVISOR DISTRICT # 3

DATE DEC 03 1984

CONDITIONS OF APPROVAL, IF ANY: