Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30-039-24767

5. Indicate Type of Lease STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
E-289-38

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.)

7. Lease Name or Unit Agreement Name

San Juan 29-6 Unit

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

2. Name of Operator
PHILLIPS PETROLEUM COMPANY

3. Address of Operator
5525 HWY 64, NBU 3004, FARMINGTON, NM 87401

8. Well No.
260

9. Pool name or Wildcat
BASIN FRUITLAND COAL

4. Well Location

Unit Letter __A__ : __851__ Feet From The __North__ Line and __1114__ Feet From The __East__ Line

Section __16__ Township __29N__ Range __6W__ NMPM __Rio Arriba__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3907'

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:_____ [ ]

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.

REQUEST SIX MONTH APD EXTENSION DUE TO THE FACT THAT DRILLING OPERATIONS HAVE NOT BEEN INITIATED.

Extension Expires 5-22-92

RECEIVED
NOV 26 1991
OIL CON. DIV
DIST. 3

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

SIGNATURE _____ TITLE _Drilling Supervisor_ DATE _11-22-91_

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

Original Signed by FRANK T. CHAVEZ   SUPERVISOR DISTRICT # 3   NOV 26 1991

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: