State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-039-24398 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, 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" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS X WELL OTHER Simms 2. Name of Operator 8. Well No. Robert L. Bayless 3. Address of Operator 9. Pool name or Wildcat P.O. Box 168, Farmington, NM 87499 Basin Fruitland Coal 4. Well Location Unit Letter B: 1190 Feet From The North 1850 Line and Feet From The East thip 30N Range 4W

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township **NMPM** Rio Arriba Counts 7065' GL; 7077' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING CASING TEST AND CEMENT JOB** APD extension request 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.

We request an extension of time on the currently approved APD due to expire 2/1/90.

APPROVAL EXPIRES 8-1-90

DECEIAE

SPUD NOTICE MUST BE SUBMITTED WITHIN 10 DAYS.		JAN2 9 1990 OIL CON. DIV DIST. 3	
I hereby certify that the information above is trurped confipule to the best of my known that the first of my known that the best of my known that t		im Engineer date	
Original Signed by FRAMK T. CHAVEZ APPROVED BY CONDITIONS OF APPROVAL, IP ANY:	SUPERVISOR		JAN 2 5 199