

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 10-1-76

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 <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Amoco Production Company		5. State Oil & Gas Lease No.
3. Address of Operator 501 Airport Drive, Farmington, NM 87401		7. Unit Agreement Name
4. Location of Well UNIT LETTER J 2210 FEET FROM THE South LINE AND 1670 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 29N RANGE 11W NMPM.		8. Farm or Lease Name Hare Gas Com "J"
		9. Well No. 1
		10. Field and Pool, or Wildcat Otero Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 5581' GR		12. County San Juan

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 <input type="checkbox"/> Extension Sundry

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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 7/30/84 for the subject well.

**RECEIVED**  
JAN 16 1985  
OIL CON. DIV.  
DIST. 3

*Extension Expires 8-1-85*

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

Original Signed By

SIGNED D.D. Lawson

TITLE Dist. Admin. Supervisor

DATE 1/14/85

Original Signed by FRANK T. CHAVEZ.

APPROVED BY \_\_\_\_\_

SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

DATE JAN 16 1985

CONDITIONS OF APPROVAL, IF ANY: