Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	No.
P.O. Box 2088	WELL API NO. 30-045-28818
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	
DISTRICT III	5. Indicate Type of Lease  STATE FEE X
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 DIFFERENT RESERVOR. USE APPLICATION FOR PERMIT	7. Lease Name or Unit Agreement Name
L. (FORM C-101) FOR SUCH PROPOSALS (	om resident state
1. Type of Well:	ROPCO Fee FC 7
OIL GAS WELL X OTHER  2. Name of Operator	nor do ree ro /
Richardson Operating Co.	8. Well No.
3. Address of Operator	#1
P. O. Box 9808 Denver, CO 80209	9. Pool name or Wildcat
4. Well Location	Basin Fruitland Coal
Unit Letter _ I. : 1415' Feet From The South Line and 1014' Feet From The West Line	
Section 7 T 11	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM San Juan County
5561' GR	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	
PULL OR ALTER CASING	
OTHER:	<del></del>
Unex.	
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.	
, 535 (14 22 1.05)	\$ - y y · · y · · ·
Pressure tested sunface occing and Work to accompany	
Pressure tested surface casing and EOP to 1500 psi for 30 min-held OK.	
Drilled 6 1/4" hole to 1600' KB. Ran 41 jts of 4 1/2", 10.5#, J-55 casing.	
outing randed at 1000. Rb. Pbb of lbbb! AB Comonted with 100 - 2 or	
containing as bouldn retastificate and 1/A s/s/ oclin classification	
100 Sk of Class B Containing 2% CaUL and 1/2 d/sk cello floked Circulated	
12 bbl of cement to surface.	i Carva M
in the second	
u u	0FC+ 01002
•	DEC1 61992
I herroy certify that the info-	CON. DIV.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DIST. 3
SIGNATURE Bruce & Lelventhal TITLE Accent	DATE 12/14/92
TYPEOR PRINT NAME Bruce E. Delventhal	TELEPHONE NO. 326-4125
(This space for State Use)	
APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR	DISTRICT#3 DEC 16 7000
CONDITIONS OF APPROVAL IF ANY:	DATE 11-1: 1 6 1992