Submit 3 Copies To Appropriate District Office		New Me			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Matur	al Resources	WELL API NO.	Revised March 25, 1999
District II	OIL CONSERV	ATION	DIVISION	Land B	30-045-30459
811 South First, Artesia, NM 87210 District III	1220 South	n St. Fran	oin Dad ky	5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe	e, NM 87	505	6. State Oil & C	
1220 S. St. Francis Dr., Santa Fe, NM 875			<u> </u>		10,71
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. Type of Well:				7. Lease Name o	ROPCO 8
Oil Well Gas Well Other				8. Well No.	
2. Name of Operator RICHARDSON OPERATING CO.				8. Well No.	3
3. Address of Operator 1700 LINCOLN ST.	, SUITE 1700, DE	NVER,	CO. 80203	9. Pool name or FRUIT. CC	Wildcat DAL & TW MO PC
4. Well Location	0.2.6	COLIT			W567
Unit Letter	936 feet from the	SOUT	H line and	1276 feet fro	om theline
Section 8	Township 2	9N Ra	nge 14W	NMPM	County SAN JUAN
	10. Elevation (Show v	whether DF	R, RKB, RT, GR, et		
11. Check	Appropriate Box to In-	dicate Na	ture of Notice,	Report or Other	Data
NOTICE OF II PERFORM REMEDIAL WORK	NTENTION TO:  PLUG AND ABANDON	· 🗆	SUE REMEDIAL WOR	SEQUENT RE	PORT OF:  ALTERING CASING □
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	ADAMOONWENT
OTHER: RENEW APD			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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
WELL SITE HAS BEEN BUILT, BUT WELL HAS NOT YET BEEN SPUDDED. REQUEST THAT APPROVAL BE RENWED FOR ANOTHER ONE YEAR.					
REGOLD! THAT AT ROTAL DE REINVED FOR AROTHER ONE TEAR.					
- (/	12-26-20	; <del>;</del> ;)			
OK 1	2-26				
	$\cap$				
I hereby certify that the informati	on above is true and compl	lete to the b	est of my knowle	dge and belief.	
SIGNATURE Simula	bool	_TITLE_	CONSULTA	NT	DATE <b>3-3-02</b>
Type or print name BRIAN	WOOD		(505) 40	66-8120 <sub>Tele</sub>	phone No.
(This space for State usc)	the second	APT.	Y de la lacine		MAD P DO
APPPROVED BYConditions of approval, if any:		TITLE	was an angle (1884)	Carried Control	MAR - 6 2002 date