Submit 2 Copies to Appropriate

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

Form C-103 Revised 1-1-89

District Office						
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	1	WELL API NO.			
	P.O.B Santa Fe, New M		3004527890			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease  STATE FEE   FEE				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name  Florance				
SUNDRY NO						
(DO NOT USE THIS FORM FOR PR DIFFERENT RESER (FORM C	CK TO A					
1. Type of Well:`		Tioland				
OIL GAS WELL	OTHER					
2. Name of Operator	Attention:			8. Well No.		
Amoco Production Company	Kelly Stearns					
Address of Operator     P.O. Box 800 Denver	Colorado 80	201 (303) 83	30-4457	9. Pool name or Wildcat Blanco M	lesaverde	
4. Well Location  Unit Letter B : 11	90 Feet From The	North Line an	d 1496	O Feet From The	East Line	
Onn Letter :	reet From The	Ditto di				
Section 30	Township 30N	<del></del>		1PM San J	uan County	
	10. Elevation (S	Show whether DF, RKB, RT, 5694' G				
11. Check Ap	propriate Box to In	dicate Nature of N	otice, Rep	ort, or Other Data	ì	
NOTICE OF IN	* *		_	SEQUENT REPORT		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	VORK	ALTERI	NG CASING	
	CHANGE PLANS					
EMPORARILY ABANDON	DRILLING O	PNS PLUG A	ND ABÀNDONMENT L			
PULL OR ALTER CASING	ST AND CEMI	ENT JOB				
OTHER: NAME CHANGE X OTHER:						
12. Describe Proposed or Completed Op	erations (Clearly state all per	tinent details, and give pert	inent dates, inc	cluding estimated date of st	tarting any proposed	
work) SEE RULE 1103.						
OLD NAME: FLORANCE GAS	COM /G/ #1	150	BEF	IAED		
OLD MAINE. I ZONNINGZ GAIG		ואָן				
CHANGED TO		W.	JUL1	9 1993		
NEW NAME: FLORANCE #11F	₹			DIV.) ST. 3	4	
			OIL C	); \\. \\. \\. \\. \\. \\. \\. \\. \\. \\		
			וט	31. 0		
I hereby certify that the information about	ove is true and complete to the	ne best of my knowledge and	d belief.			
SIGNATURE KILLY STO	anns)	TITLE	Business A	nalyst	те 06-16-1993	
TYPE OR PRINT NAME	Kelly Stearns			TELEPHO	one no. (303) 830-445	
(This space for State Use)					- 4	
					JUL 1 9 19	
APPROVED BY Original Signed by	FRANK T. CHAVEZ	TITLE _SUPE	RVISOR DI	ISTRICT # 3 DA	TE JUL	

CONDITIONS OF APPROVAL, IF ANY:

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 I P.O. Box 1980, Hobbs, NM 88240	OIL CONSEI	RVATION .O.Box 2088	WELL API NO.	l l			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	3004527890 5. Indicate Type of Lease						
,			STATE FEE X				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas	Lease No.		
SUNDRY NOT							
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	7. Lease Name or Unit Agreement Name						
1. Type of Well:					riorance		
OIL GAS X				0 111 11 11			
Name of Operator     Amoco Production Company	Attention: Kelly Stearns			8. Well No.	11R		
3. Address of Operator			(303) 830-4457		9. Pool name or Wildcat		
P.O. Box 800 Denver	Colorado	80201	(303) 830-4457	Bla	nco Mesaverde		
4. Well Location Unit Letter B: 119	O Feet From The	North	Line and 1	490 Feet From	The East Line		
Section 30	Township	30N R	ange 8W	NMPM	San Juan County		
Section 5	*		er DF, RKB, RT, GR, etc.)				
II. Check An	aropriate Poy to	o Indicate N	5694' GR Vature of Notice, R	eport or Other	· Data		
NOTICE OF INT		mulcate r		JBSEQUENT REF			
PERFORM REMEDIAL WORK	PLUG AND ABAN	IDON 🗌	REMEDIAL WORK		LITERING CASING		
			COMMENCE DRILLING				
					LUG AND ABANDONMENT		
PULL OR ALTER CASING	A DD	[V]	CASING TEST AND C	EWENI JOR [			
OTHER: Extension of A		X	OTHER:				
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state a	all pertinent detai	ls, and give pertinent dates	, including estimated de	ate of starting any proposed		
HOIR, GEE NOED 1100.				Ţ.,,			
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Amoco Production Company re	quests an extensi	on of the sub	ject well's APD due to	expire.			
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Exte	, sin Ex	p. 12	-18-95		JUL2 6 1993		
				O	L CON.		
1	Extension				DIST		
LS7 8	ytension	<b>→</b>			,		
I hereby certify that the information about	ve is true and complete	e to the best of m	y knowledge and belief.				
SIGNATURE KULLY STEA	ms		Business	Analyst	DATE07-23-1993		
TYPE OR PRINT NAME	Kelly Stearns			т	TELEPHONE NO. (303) 830-4457		
(This space for State Use)							
		_	SUPERVISO	R DISTRICT #3	DATE JUL 2 6 1991		
APPROVED BY Original Signed by	y FRANK T. CHAVE	2	TITLE				
CONDITIONS OF APPROVAL, IF ANY:		0 .0	0_0_		JUL 2 6 1993		
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#### STATE OF NEW MEXICO

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#### EXPIRATION NOTICE ON PERMIT TO DRILL

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Trans & Number: Horance #11R

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ABANDONED LOCATION