Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-045-28239

5. Indicate Type of Lease STATE ☐ FEE ☒

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Riddle SWD

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Production Company Attn: John Hampton

8. Well No.
#1

3. Address of Operator
P.O. Box 800, Denver, Colorado 80201

9. Pool name or Wildcat
Wildcat Entrada

4. Well Location
Unit Letter P : 610 Feet From The South Line and 330 Feet From The East Line

Section 16 Township 30N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5964' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| 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 ☐ | |
| OTHER: ☐ | | OTHER: Extension of APD ☒ | |

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.

Amoco requests an extension of the subject well's APD which expired on March 18, 1992.

**APPROVAL EXPIRES 9-18-92**
**UNLESS DRILLING IS COMMENCED.**
**SPUD NOTICE MUST BE SUBMITTED**
**WITHIN 10 DAYS.**

RECEIVED
APR 17 1992
OIL CON. DIV.
DIST. 3

If you have any questions please contact Ed Hadlock @ (303) 830-4982.

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

SIGNATURE J.L. Hampton /Well TITLE Sr. Staff Admin. Supv. DATE 4/15/92

TYPE OR PRINT NAME John Hampton TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE SUPERVISOR DISTRICT # 3 DATE APR 17 1992

CONDITIONS OF APPROVAL, IF ANY: