

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. 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.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Co.	8. Farm or Lease Name Ridenour Federal Gas Com
3. Address of Operator 501 Airport Drive, Farmington, N M 87401	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1625</u> FEET FROM THE <u>North</u> LINE AND <u>910</u> FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>31N</u> RANGE <u>11W</u> NMPM.	10. Field and Pool, or Wideman Cedar Hill Fruitland Basal Coal Extension
15. Elevation (Show whether DF, RT, GR, etc.) 5863' GR	12. County San Juan

16. 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 ☐	OTHER <u>Extension of APD</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 a six month extension of the Permit To Drill for this well.

Extended to 12-21-86

RECEIVED
JUN 12 1986
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Adm. Supervisor DATE 6-11-86

ORIGINAL SIGNED BY ERNIE BUSCH

DEPUTY OIL & GAS INSPECTOR, DIST. 3

DATE JUN 13 1986

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: