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.
30-045-27142

5. Indicate Type of Lease STATE [ ] FEE [X]

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
Caneple Gas Com D

1. Type of Well:
OIL WELL [ ] GAS WELL [X] Coal Seam 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
Basin Fruitland Coal

4. Well Location
Unit Letter M : 910' Feet From The South Line and 990' Feet From The West Line

Section 18 Township 31N Range 10W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5768' 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: Extend APD [X]		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.

Amoco Production Company requests an extension of the Application for Permit to Drill for the subject well. The APD expired November 3, 1989.

CONFIDENTIAL

5-3-90
SEE NOTIFICATION REQUIREMENTS
WITHIN 10 DAYS.

RECEIVED
DEC1 4 1989
OIL CON. DIV.
DIST.

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

SIGNATURE J.L. Hampton/CLB TITLE Sr. Staff Admin. Supr DATE 12/11/89

TYPE OR PRINT NAME John Hampton TELEPHONE NO. 830-5119

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: