State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION **DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-045-27904 Santa Fe. New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Elliott Gas Com "AA" WELL T WELL Coal Seam OTHER 2. Name of Operator 8. Well No. #1. Amoco Production Company Attn: J.L. Hampton 9. Pool name or Wildcat 3. Address of Operator Basin Fruitland Coal Gas P.O. Box 800 Colorado 80201 Denver. Well Location South 1.1.00 West Feet From The Unit Letter Feet From The Line **NMPM** San Juan Township 31N 1.1.W County Section Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5958' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** APD Extension OTHER: 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 requests an extension on the subject well's APD that expired on December 25,1991. 6-25,92 6 000 APPROVAL EXPIRES UNLESS DRILLING IS COMMENCED. SPUD NOTICE MUST BE SUBMITTED JAN1 61392 WITHIN 10 DAYS. Please contact Cindy Burton (303) 830-5119 if you have any questions. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Lease contact Cindy Burton (303) 830-5119 if you have any questions.

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

SIGNATURE

TYPE OR FRIM NAME

J. L. Hampton

TELEPHONE MG.303) 830-5025

(This space for State Use)

APTROVED BY

DATE

JAN 16 1992