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

Type of Well:

2. Name of Operator

3. Address of Operator

work) SEE RULE 1103.

WELL.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION

Attn: J.L. Hampton

SUNDRY NOTICES AND REPORTS ON WELLS

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

: 790 Feet From The South

GAS X

P.O. Box 800 Denver, Colorado 80201

4. Well Location

Amoco Production Company

Coal Seam ontex

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30-045-27904

5. Indicate Type of Lease FEE & STATE 6. State Oil & Gas Lease No. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name Elliott Gas Com"AA" 8. Well No. #1 9. Pool name or Wildcat Basin Fruitland Coal Gas

Feet From The

San Juan County 11W **NMPM** Range 19 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5958' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON 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

Amoco requests an extension on the subject well's APD that will expire on June 25, 1992.

Line and _ 1100

APPROVAL EXPIRES 18-25-92 UNLESS DRILLING IS COMMENCED. SPUD NOTICE MUST BE SUBMITTED WITHIN 10 DAYS.

Line

Please contact Ed Hadlock @ (303) 830-4982 if you have any questions.

I hereby certify that the info	omnition above is true and complete to the best of m	ny knowledge and belief. THUE Sr. Staff Admin. Supr.	_ DATE _ 6/20/91_
TYPE OR PRINT NAME	J.L. Hampton		TELEPHONE NO.
(This space for State Use)		SUPERVISOR OF ANDROUS	الله الله

CONDITIONS OF ATTROVAL, IF ANY:

APTROVED BY -