NO. OF CUPIES ALCEIVED	15,					Supersedes O	ld
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION				N.	C-102 and C- Effective 1-1-	103
SANTA FE	1	NEW MEXICO	HL CONSERV	V HOW COWWI221C	714	Pifective fel-	~~
FILE	1/1-1					5a. Indicate Type	
U.S.G.S.	1					State	Fee. X
LAND OFFICE	1					5. State Oil & Go	m Lease No.
OPERATOR	1/1						
	CINDO	ANDTICES AND DEDC	IDTS ON WEI	15			
(DO NOT USE THIS FO	SUNURY	NOTICES AND REPO OSALS TO SMILL OR TO SEEPE SH FOR PERMIT - " (FORM C-10	IN 13 ON HEL OR PEUG BACK T 31) FOR SUCH PRO	TO A DIFFERENT RESER	PIOVE	7. Unit Agreemen	nt Name
	(X)	OTHER-				8, Farm or Lease	e Name
2. Name of Operator						Robinson	n Bros.
Consolidated (	<u>)il &amp; G</u>	as, Inc.				9. Well No.	
3. Address of Operator	Street	Suite 1300, D	enver. C	olorado 802	295		1-M
4. Location of Well				•		io Field and Po Flora Vist Basin Dako	a Gallup/
UNIT LETTER		20 FEET FROM THE	south	LINE AND 2220	FEET FROM	Basin Dako	ta
		N 34 TOWNSHIP					
THE	LINE, SECTIO	N TOWNSHIP	·	RANGE	ХМРМ.		
mmm	m	15. Elevation (Sh	ow whether DF,	RT, GR, etc.)		12. County	
		5829'				San Juan	7//////
16.	Check	Appropriate Box To In	ndicate Natu	ire of Notice, R	eport or Ot	her Data	
NOTI		Appropriate Dox To it		s	UBSEQUEN'	REPORT OF	:
,,,,,,	· · · ·	•			_		•
PERFORM REMEDIAL WORK		PLUG AND AB	ANDON RE	EMEDIAL WORK	$\sqsubseteq$		RING CASING
TEMPORARILY ABANDON		•	1	OMMENCE DRILLING OP		PLUG	AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLAN	is [ c/	ASING TEST AND CEME	L BOL TH		1
Extension	n of ex	xpiration date	X	0*		<u> </u>	· · · · · · · · · · · · · · · · · · ·
17. Describe Proposed or C				and give pertinent	dates, including	estimated date o	starting any propo
17. Describe Proposed or C work) SEE RULE 1103	lompleted Op  •	perations (Clearly state all p	CILINEIL GELLIS	, and area possessions	,		
-							
We reques	t an a	dditional 90-da	y extens	sion for th	e permit	to drill	this
well. Pr	esent :	approval expire	s 12/22/	79.	=	•	
•							
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			African A				
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			Early .	•			
			<b>-</b>				
-		EXPRE	3-21	1-80			
					s . No.	in the second of	<i>i</i> .
				,	A. C.		
,			•			The state of the	
		n above is true and complete	to the best of	my knowledge and be	lief.		
18. I hereby certify that the	ie informatio	a agove is true and complete					
2// /	135	Weson a	Vic	e President	, Opera	tions :	12/13/79
SIGNED TRUTH	00	wayn, n	TITLE				
			د م•• د این	e.	-	<b>~</b> د	o A Maria
Original	Signed 1		71TLE	1	· 	DE	
APPROVED BY UTIGHT							

CONDITIONS OF APPROVAL, IF ANY: