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	D. Box 1980, Hobbs, NM 88240 P.O. Box 2088 STRICT II Santa Fe. New Mexico. 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-045-27910 5. Indicate Type of Lease
DISTRICT III		STATE FEE X	
1000 Rio Brazos Rd., Aziec, 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL X	OTHER		F C FEE COM
2. Name of Operator CONOCO INC.			8. Well No. #4
3. Address of Operator			9. Pool name or Wildcat
3817 NW Expressway, Oklahoma City, OK 73112			Basin Fruitland Coal
Unit Letter K : 1475	Feet From The south	Line and172	25 Feet From The West Line
Section 31	Township 32N Ra	ange 11W	NR CON Trans
	10. Elevation (Show whether		NMPM San Juan County
6390' GR			
Check Appropriate Box to Indicate Nature of Notice, ReNOTICE OF INTENTION TO:			eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER: Extend Drilling Pe	ermit	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.			
Please extend the	drilling permit on th	e above well	
			L DECEMBER
			FEE 1 0 10821
€+	200 . 8- 10-9	.J	OIL CON DIMI
lex lenger (Expires 8- 10-9.		OIST. \$
I hereby certify that the information above is true.	and complete to the best of my knowledge and	helief	V. 12.
SKONATURE Barbara J. B	40-	. Sr. Oil & Ga	s Asst. DATE 2-5-92
TYPEOR PRINT NAME Barbara J.	Bale		TELEPHONE NO.
(This space for State Use)			weather # 2
APPROVED BY Original Signed by FR	ANK T. CHAVEZ	SUPERVISOR E	aona' 4 a 1009 Cen 4 a 1009
CONDITIONS OF APPROVAL, IF ANY:	· · · · · · · · · · · · · · · · · · ·	LE	DATE TO TOTAL