Submit 3 Copies

Ener

to Appropriate District Office

1. Type of Weil:

3. Address of Operator

4. Well Location

OIL. 2. Name of Operator

Township

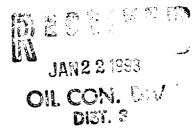
- Submit 3 Copies to Appropriate District Office	State of New Energy, Minerals and Natura		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	2088	WELL API NO. 30-045-28866
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	co 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	FICES AND REPORTS ON WICE TO DEEP PROPOSALS TO DRILL OR TO DEEP PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
. Type of Well: OIL GAS WELL WELL X	OTHER		ROPCO Fee FC 5
Name of Operator Richardson Operating	Company		8. Well No. #1
Address of Operator P.O. Box 9808, Denve			9. Pool name or Wildcat Basin Fruitland Coal
. Well Location Unit LetterK : 201	5' Feet From The South	Line and 1765	Feet From The West Line
Section 5	Township 29N	Range 12W	NMPM San Juan County

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 ABANDONMEN	т
PULL OR ALTER CASING				CASING TEST AND CEMENT JOI	в 🗌		
OTHER: CHANGE OF	WELL NA	me/number	XX	OTHER:			_

Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5682 GR

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.

Richardson Operating Company hereby requests that the ROPCO Fee FC 5 #1 well name The lease name remains R6PCO Fee FC 5 but be changed to: ROPCO Fee FC 5 #2. the well number changes to #2.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
	XILL Clour	mr Operations Technician	PATE1/20/93		
SKINATURE	Charles the	Title	303-698-9000		
TYPE OR PRINT NAME	Shelley L. Keene		TELEPHONE NO.		

(This space for State Use)

Original Signed by FRANK T. CHAVEY

SUPERVISOR DISTRICT (1.3)

JAN 2 2 1995