

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator AMOCO PRODUCTION COMPANY		8. Farm or Lease Name Compton Gas Com	
3. Address of Operator 501 Airport Drive, Farmington, New Mexico 87401		9. Well No. 1	
4. Location of Well UNIT LETTER L 1860 FEET FROM THE South LINE AND 600 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 32-N RANGE 10-W NMPM.		10. Field and Pool, or Wildcat Blanco Pictured Cliffs	
15. Elevation (Show whether DF, RT, GR, etc.) 5986'		12. County San Juan	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

This is to request an extension of approval for drilling as the approval expires December 6, 1978. Our plans call for drilling this well in the near future.

EMPLOYEE 3-6-79

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

E. E. SYOBEL

SIGNED _____ TITLE **Dist. Adm. Supervisor** DATE **Dec. 4, 1978**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: