

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name Bear Canyon Unit
2. Name of Operator Amoco Production Company	8. Farm or Lease Name
3. Address of Operator 2325 E. 30th Street, Farmington NM 87401	9. Well No. 5
4. Location of Well UNIT LETTER <u>m</u> 850 FEET FROM THE <u>South</u> LINE AND 850 FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>26N</u> RANGE <u>24W</u> NMPM.	10. Field and Pool, or Wildcat Gavilan Mancos Ext
15. Elevation (Show whether DF, RT, GR, etc.) 7374' GR	12. County Rio Arriba

16. 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 ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>Extend APD</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

Amoco Production Company requests an extension of the Application for Permit to Drill for the subject well. The APD expired November 3, 1988.

Approval expires 5-3-89

RECEIVED
NOV 15 1988
OIL CON. DIV.
SANTA FE

CONFIDENTIAL

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

SIGNED <u>C B Douglas</u>	TITLE <u>Dist. Admin Supv</u>	DATE <u>11-15-88</u>
APPROVED BY <u>Original Signed by FRANK T. CHAVEZ</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>NOV 15 1988</u>

CONDITIONS OF APPROVAL, IF ANY: