

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-039-24209
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bear Canyon Unit
8. Well No. 6
9. Pool name or Wildcat Gavilan Manco Ext.

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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Amoco Production Company Attn: John Hampton	
3. Address of Operator P.O. Box 800, Denver, Colorado 80201	
4. Well Location Unit Letter L : 1800' Feet From The South Line and 790' Feet From The West Line Section 13 Township 26N Range 2W NMTM Rio Arriba County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7427' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Extend APD ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

Amoco Production Company requests an extension of the Application for Permit to Drill for the subject well. The APD expired November 3, 1989.

APPROVAL EXPIRES 5-3-90
WELLS DRILLING IS COMMENCED.
AND NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS.

CONFIDENTIAL

RECEIVED
DEC 14 1989
OIL CON. DIV.
DIST. 3

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

SIGNATURE John Hampton/cub TITLE Sr. Staff Admin. Supr DATE 12/11/89

TYPE OR PRINT NAME John Hampton

TELEPHONE NO. 830-5119

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: