

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. 30-039-24783
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-289-45
7. Lease Name or Unit Agreement Name San Juan 29-6 Unit
8. Well No. 255
9. Pool name or Wildcat Basin Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6746' (Unprepared)

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 PHILLIPS PETROLEUM COMPANY
3. Address of Operator 300 W. ARRINGTON, SUITE 200, FARMINGTON, NM 87401
4. Well Location Unit Letter <u>N</u> : <u>950</u> Feet From The <u>South</u> Line and <u>1872</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>29N</u> Range <u>6W</u> NMPM Rio Arriba County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: <u>APD Extension</u> ☒	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ 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.

REQUEST EXTENSION OF PERMIT TO DRILL FOR SIX MONTHS.

APPROVAL EXPIRES 6-1-91
UNLESS DRILLING IS COMMENCED,
AND NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS.

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

SIGNATURE Frank Bearskin for R. A. Allred TITLE Drilling Supervisor DATE 12-21-90
TYPE OR PRINT NAME R. A. Allred TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK I. CHAVEZ TITLE SUPERVISOR DISTRICT #1 DATE DEC 26 1990
CONDITIONS OF APPROVAL, IF ANY: