

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.	30-039-24644
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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.)

7. Lease Name or Unit Agreement Name	Simms. Com.
8. Well No.	8
9. Pool name or Wildcat	EAST BLANCO PICTURED CLIFFS

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator ROBERT I. BAYLESS
3. Address of Operator P O BOX 168, FARMINGTON NM 87499

4. Well Location Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>SOUTH</u> Line and <u>1500</u> Feet From The <u>EAST</u> Line
Section <u>24</u> Township <u>30N</u> Range <u>4W</u> NMPM RIO ARRIBA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>7144' GL; 7156' RKB</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: EXTENSION OF APPROVED APD <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Please consider this request to extend your approval of our APD dated March 6, 1990 which expired September 6, 1990.

RECEIVED
JUL 2 1991
OIL CON. DIV.,
DIST. 3

Extension Expires 1-12-92

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

SIGNATURE *Kim A. McCon* TITLE Petroleum Engineer DATE 7/11/91

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT #3 DATE JUL 12 1991

CONDITIONS OF APPROVAL, IF ANY: _____