STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.		Ĭ		
LAND OFFICE				
07504700		I		

CONSERVATION DIVISION

	OIL CONSERVATION DIVISION		Form C-103	
DISTRIBUTION	P. O. BOX 2088		Revised 10-1-78	
SANTA FE	SANT	A FE, NEW I	MEXICO 87501	
FILE				5a. Indicate Type of Lease
U.S.G.S.				State Fee XX
LAND OFFICE				5. State Oil 6 Gas Lease No.
OPERATOR				3. 3.00
			·	
CLINDD	Y NOTICES AND R	EPOPTS ON W	/FLLS	
SUNUK 1	POSALS TO DRILL OR TO DE ON FOR PERMIT -" (FORM	EEPEN OF PLUG BAC	N TO A DIFFERENT RESERVOIR.	
USE "APPLICATIO	ON FOR PERMIT -" (FORM	C-101) FOR SUCH	7-10-032(3:)	7, Unit Agreement Name
L. 01L				
WELL WELL XX	OTHER-			8. Farm of Lease Name
Name of Operator			/	
Tenneco O)il Company			City of Farmington Com
2. Address of Cperator	ATT COMPANY			9, Weil No.
	2040	J CO 001E!	-	1E
P.U. BOX	3249 Englewoo	a, cu 80153	0	10. Field and Pool, or Wildcat
Location of well				l i
J 22	203	. south	LINE AND FEET	Basin Dakota
UNIT LETTER				
0204	10	29N	RANGE 13W	
THE LINE, SECTIO	N TOW	MSHIP	RANGEN	ww. ([]]]]]]]]]
			E DT CD	12. County
	15. Elevation		F, RT, GR, etc.)	
	(1111)	5345' GI		San Juan
16.	D T	- Indiana Na	nture of Notice, Report of	Other Data
		o indicate Na	itme of Notice, Report of	JENT REPORT OF:
NOTICE OF IN	ITENTION TO:	ļ	SUBSEQU	JENT REPORT OF.
PERFORM REMEDIAL WORK	PLUG AN	IN ABAHDON	REMEDIAL WORK	ALTERING CASING
=			COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON			CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING	CHANGE	PLANS L	·	·
	ADD 5	احم	OTHER	
OTHER	APD Extension			
				the second days of exercises any reconcerd
17. Describe Fraposed or Completed Op	erations (Clearly state	all pertinent detai	ils, and give pertinent dates, incl	uding estimated date of starting any proposed

work) SEE RULE 1103.

Tenneco Oil Company respectfully requests an extension on the application to drill for the above referenced well. The anticipated spud date is during the fourth quarter of 1987.

APD extension expires 4-11-88

SEP 11 1987 OIL CON. DIV. DIST, 3

18. I hereby certify that the information above is true and co	mpiete to the best of my knowledge and belief.	
DIENED Wiles Golden	Staff Administrative Analyst	DATE9/9/87
Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICT # 1	SEP 11 1987
ONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE