

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.

30-039-24862

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

MITCHELL ENERGY CORPORATION

3. Address of Operator

555 17th Street - Suite 3500, Denver, CO 80202

8. Well No.

351

9. Pool name or Wildcat

Basin Fruitland Coal Gas Pool

4. Well Location

Unit Letter N: 1035 Feet From The South Line and 1340 Feet From The West Line

Section 27 Township 31N Range 4W NMPM Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6792' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Extension of time to drill ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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.

MITCHELL ENERGY CORPORATION respectfully requests an extension of time to drill for the above referenced well. Attached is a copy of the original approval for this well. All stipulations in this approval will be followed.

RECEIVED

FEB 10 1992

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

James C. Anderson

TITLE

District Production Manager

DATE

2/3/92

TYPE OR PRINT NAME

James C. Anderson

TELEPHONE NO.

303-

292-4455

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

DATE

FEB 10 1992

CONDITIONS OF APPROVAL, IF ANY: