Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	mine Sili I remineral mine I in		women Department		Revised 1-1-8	.9
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATIO				WELL API NO.		
DISTRICT II		P.O. Box 2088 Santa Fe, New Mexico 87504-2088			341	
P.O. Drawer DD, Artesia, NM 88210	ound 1 c, 11c w 1v1	CAICO	07504-2000	5. Indicate Type of	Lease	EE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		•		6. State Oil & Gas		
SUNDRY NOTI	CES AND REPORTS OF	N WFI	IS			7////
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)			OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL WELL WELL X	OTHER			State Gas (Com "CB"	
2. Name of Operator				8. Well No.		
Amoco Production Company Attn: J.L. Ham			oton	#3		
3. Address of Operator		_		9. Pool name or W		
P.O. Box 800 Denver.	Colorado 80201				tland Coal Gas	H-4-0
Unit Letter N : 11	80 South Feet From The	<u></u>	Line and	Feet From	West The	Line
Section 32	Township 30N	Ra	inge 9W	NMPM San J	uan	County
	10. Elevation (Show	whether	DF, RKB, RT, GR, etc.)	1	V/////////////////////////////////////	
		3' GR		•		
	Appropriate Box to Ind	licate 1		- '		
NOTICE OF INT	ENTION TO:		SUB	SEQUENT RI	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	GOPNS.	PLUG AND ABANDONI	MENT [
PULL OR ALTER CASING			CASING TEST AND CE			
OTHER:			OTHER: Extension of APD X			X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent d	ktails, w	1 nd give pertinent dates, inclu	ding estimated date of	starting any proposed	
Amoco requests an ext	ension on the subj	ject v	well's APD whic			992.
SP	PPROVAL EXPIRES 62. NLESS DRILLING IS COM UD NOTICE MUST BE SU THIN 10 DAYS.				5 1992	
				011 00	N. DIV.	
Please contact Ed Ha	dlock @ (303) 830-	-4982	if you have an			
	·····					
I hereby certify that the information above is true	and complete to the best of my know	viedge and	bdid. Sr. Staff Ad	min. Supr.	6/21	/gz
TYPE OR PRINT NAME J.L. Ham	pton	411	<u> </u>		TELEPHONE NO.	-4
(This space for State Use)						
APPROVED BY		•	SUPERVISOR D	ISTRICT#3	JUN 2 5	1992