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

DISTRICTIII

OIL

CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-045-27890	
	5. Indicate Type of Lease STATE	FEE X
	6. State Oil & Gas Lease No.	
UD DEDOGTO OLIVIELLO		

1000 KIO BIZZOS KIL, AZZEC, NM 8/410	or state out & day feate Nor	
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	
1. Type of Well: OIL GAS WELL X OTHER	Florance Gas Com "G"	
2. Name of Operator	8. Well No.	
Amoco Production Company Attn: J.L. Hampton	#1	
3. Address of Operator	9. Pool name or Wildcat	
P.O. Box 800 Denver, Colorado 80201	Basin Fruitland Coal Gas	
4. Well Location	• •	
Unit Letter B: 1190 Feet From The North Line and 1490	Feet From The East Line	
Section 30 Township 30N Range 8W	NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5694 GR		
11. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data	
11. Check rippiopinic box to niciae ratio of riodec, a	toport or Outer Butt	
the state of the s	BSEQUENT REPORT OF:	
	<del>-</del>	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:  ALTERING CASING	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	BSEQUENT REPORT OF:  ALTERING CASING  GOPNS. PLUG AND ABANDONMENT	

work) SEE RULE 1103.

Amoco requests an extension on the subject well's APD which will expire on June 18, 1992.

APPROVAL EXPIRES UNLESS DRILLING IS COMMENCED. SPUD NOTICE MUST BE SUBMITTED WITHIN 10 DAYS.

OIL CON. DIV.

Please cont	act Ed Hadlock @ (303) 830-4982 if you have any questions.	•
	ormation above is true and complete to the best of my knowledge and belief.	, ,
SIONATURE J. C	Harpton / Wel mr. Sr. Staff Admin. Supr.	DATE 6/22/92
TYPE OR PRINT NAME	J.L. Hampton	TELEPHONE NO.
(This space for State Use)		

APTROVED BY -

**SUPERVISOR DISTRICT #3** 

