Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICTI			
P.O. Box 198	0. Hobbs	, NM	88240

CONDITIONS OF APPROVAL, IP ANY:

Form C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	WELL API NO. 30-045-27937		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease
DISTRICT III			STATE FEE XX
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WELL POSALS TO DRILL OR TO DEEPEN O VOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS GAS			Eugene Jacquez Gas Com "A"
WELL WELL X 2. Name of Operator	OTHER		8. Well No.
Amoco Production Comp	anv Attn: J.I	L. Hampton	8. Well No. #1
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 800 Denver,	Colorado 80201 ·		Basin Fruitland Coal Gas
4. Well Location	O Feet From The South	Line and 700	Feet From The West Line
Onit Detter :	v rea rioth the boater	Line and	rearrow me
Section 25	Township 30N Ran 10. Elevation (Show whether D	ge 9W PF, RKB, RT, GR, etc.) 655' GR	NMPM San Juan County
11. Check A	Appropriate Box to Indicate N		eport, or Other Data
NOTICE OF INT	•••		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT XOB
OTHER:		OTHER: APD Ext	tension X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, and	d give pertinent dates, inclu	ding estimated date of starting any proposed
Amoco requests an extens	ion on the subject well	l's APD that ex	xpired on January 2,1992.
	APPROVAL EXPIRES	7-2-93- OMMENCED. E SUBMITTED	JANI 61000
	WITHIN 10 DAYS.		OIL CONTDIV.
Please contact Cindy Bur	ton (303) 830-5119 if	you have any qu	
I hereby certify that the information above is true SIGNATURE TYPE OR PRINT NAME J.L. Ham	tory CB	belid. g Sr. Staff Adr	min. Supr. DATE 1/13/92 TELEPHONE NO. (303) 830-5025
(This space for State Use)			
APTROVED BY Original Signed by Fl	RANK T. CHAVEZ		C 370 07 # 3 DATE JAN 16 1832