Submit 3 Copies to Appropriate District Office

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<u>DIŞTRICT I</u>

P.O. Box 1980, Hobbs, NM 88240

DISTRICT I P.O. Drawer DD, Artesia, NM 88210

DISTRICT I

1000 Rio Brazons Rd, Aztec, NM 87410

State of New Mexico		Form C-103	
nergy, Minerals and Natural Resources Departme	2	Revised 1-1-89	
OIL CONSERVATION DIVISION	WELL API NO.		
2040 Pacheco St.	30-045-30818		
Santa Fe, New Mexico 87505	5. Indicate Type of Lease STATE	FEE	\overline{x}
	6. State Oil & Gas Lease No.		
CES AND REPORTS ON WELLS			

SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK T	O A 7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	
(FORM C-101) FOR SUCH PROPOSALS)	
I. Type of Well: OIL GAS	Kaempf
WELL WELL X OTHER	
2. Name of Operator	8. Well No.
San Juan Resources of Colorado	#1E
3. Address of Operator	9. Pool name or Wildcat
c/o Walsh Engineering, 7415 East Main Street, Farmington, NM 874	Blanco Mesa Verde / Basin Dakota
4. Well Location	
Unit Letter I : 1490 Feet From The South Line and	1133 Feet From The East Line
Section 19 Township 30N Range 11W	NMPM County
10. Elevation (Show whether DF, RKB, RT	, GR, etc.)
5684' GL	
Check Appropriate Box to Indicate Nature of	Notice, Report, or Other Data
11. NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WOR PLUG AND ABAND REMEDI	AL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMME	NCE DRILLING OPNS. PLUG & ABANDONM
PULL OR ALTER CASING CASING	TEST AND CEMENT JOB
OTHER: Extend APD \overline{X} OTHER:	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work). SEE RULE 1103.

Please extend the APD for this well for another year.

Apo Ext. Exp. 9-12-03

I hereby certify that the information above is true and complete to the best	•		00 (00 (00
TYPE OR PRINT NAME Paul C. Thompson	TITLE <u>Agent/Engineer</u> TELEPHONE NO.	DATE	09/20/02
·			
(This space for State Use) APPROVED BY	TITLE	DATE	-30
CONDITIONS OF APPROVAL, IF ANY:		-	