### STATE OF NEW MEXICO

# ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD AZTEC, NEW MEXICO 87410 (505) 334-6178

| DAT | E: 12-18-89              |
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|     |                          |
|     |                          |
|     | Amoco Production Co.     |
|     | - 000                    |
|     | P.O. Box 800             |
|     | Denver, CO. 80201        |
|     | Attn: John Hampton       |
| RE: | Mudge LS #9R H-3-31N-11W |

The Application to Drill for the referenced well has expired.

Please send a sundry requesting an extension of time to drill or a cancellation.

If you have any questions, please call this office.

Sincerely,

Tech. I

xc: Well File







**Job separation sheet** 

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTION | - |   |
| SANTAFE      |   |   |
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O. BOX 2088                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Revised 19-1-78                           |
| SURE STATES OF A STATES OF | BANTAFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SANTA FE, NEW MEXIC                                                                          | CO 87501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |
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| Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  Check Appropriate Constant Provided Nature of Notice, Report of Other Data Subsequent Report of:  Check Appropriate Constant Provided Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  Check Appropriate Constant Provided Nature of Notice, Report of Other Data Subsequent Report of:  Change of Operator  Change of Operator  To Data Subsequent Report of Completed Constant Provided Nature of Notice, Report of Other Data Subsequent Report of:  Change of Operator  To Data Subsequent Report of Completed Constant Provided Nature of Notice, Report of Other Data Subsequent Report of:  Change of Operator  To Data Subsequent Report of Completed Constant Provided Nature of Notice, Report of Other Data Subsequent Report of:  Change of Operator  To Data Subsequent Report of Completed Constant Provided Nature of Notice, Report of Other Data Subsequent Report of Company  Approval Is requested for a change of operator to Amoco Production Company from Tenneco Off Company.  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Unit Agreement Name                    |
| Amoco Production Company  Amoco Production Company  Additional Services of Cycles 1 Services 1 Serv |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OTHER.                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| P. O. Box 800, Denver, CO 80201  P. O. Box 800, Denver, CO 80201  Lection of Will  2160  P. C. Box 800, Denver, CO 80201  Lection of Will  2160  P. C. Box 800, Denver, CO 80201  Lection of Will  2160  P. C. Box 800, Denver, CO 80201  D. C. Box 800, Denver, CO 80201  Lection of Will  2160  P. C. Box 800, Denver, CO 80201  D. C. Box 800, Denver, CO 80201  D. C. Box 800, Denver, CO 80201  Lection of Will  2160  P. C. Box 800, Denver, CO 80201  D. C. Box 80201  D. C. Box 800, Denver, Co 80201  D. C. Box 80201  D. | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e, Farm of Lease Hame                     |
| P.O. Box 800, Denver, CO 80201  Lection of Well  10. 2160  11. Trist country  11. 2160  12. Trist country  13. Trist country  14. Country  15. Elevation (Show whether DF, RT, GR, etc.)  15. Country  15. San Juan  15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  15. Country  16. Change of Operator  17. Invited Figure 1 or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of storing any proposed with 115.  Approval is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1938).  Extension Exg. 12. 6.16.27  Oil Company.  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| Lection of well    2160   State   North   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data   Notice of Intention To:   Subsequent   Subse | Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Well No.                               |
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| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  San Juan  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  Subsequent Report of:  Report or Other Data  Subsequent Report or Other Data  Subsequent Report of:  Report or Other Data  Report or Other Data  Subsequent Report of:  Report or Other Data  Subsequent Report or Other Data  Sub |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
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| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:    Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15. Elevation (Show whether DF, RT,                                                          | GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\    |
| SUBSEQUENT REPORT OF:  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5962' G                                                                                      | <u>L </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | San Juan                                  |
| SUBSEQUENT REPORT OF:  | Check /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | appropriate Box To Indicate Nature                                                           | of Notice, Report or O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | her Data                                  |
| Approval is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.  Approval is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  Extension Exquest 6.16.87  Oil Company.  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  Oil Company.  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| Change of Operator  Thereine Proposed is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  Extension Exques 6-16-87  Oil Company  Oil Company  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  Oil Company  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  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Change of Operator  Change of Operator  APD extension  X  Amoco Amoco Amoco Production Company from Tenneco Oil Company from Te | PERFERM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLUE AND ABANDON REMED                                                                       | IAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALTERING CABING                           |
| Change of Operator  Thereits Fromer of Complaint Operations (Clearly store all pertinent details, and give pertinent dates, including estimated date of storting any proposed work) see note 1102.  Approval is requested for a change of operator to Amoco Production Company from Tenneco Oil Company.  Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  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Diversity that the information above to true and complete to the best of my knowledge and belled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Amoco additionally requests that the APD for this location be extended (the initial approval was signed June 15, 1988).  Extension Exques 6.16.89  OIL CON. DIV  SANTA FE  OIL CON. DIV  DIST 2  Adm. Supervisor  PARE 33-3-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | some and the state of the state |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • •                                     |
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Supervisor  PARE 3-3-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| EXTENSION EXP.US 6.16-89  OIL CONSERVATION DIV  SANTA FE  MARY 5.13.9  OIL CONN. 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| OIL CUN. DIV  18.1 hereby certify that the information above is true and complete to the best of my knowledge and bellef.  19.1 J. J. J. Hampton vives Adm. Supervisor  19.1 J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Futing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6.16.81                                                                                      | WILL SERVATION OF THE PROPERTY AND THE P | OH DIUU                                   |
| OIL CON. DIV  18.1 hereby certify that the information above is true and complete to the best of my knowledge and bellef.  18.2 formation above is true and complete to the best of my knowledge and bellef.  18.3 formation above is true and complete to the best of my knowledge and bellef.  18.4 formation above is true and complete to the best of my knowledge and bellef.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 18. I hereby certify that the information above in true and complete to the best of my knowledge and bellef.    13/1/2/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| J. L. Hampton vive Adm. Supervisor 3-3-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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DIV                             |
| J. L. Hampton vive Adm. Supervisor 3-3-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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I heraby cartify that the information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s above in true and complete to the best of my ki                                            | Joanage and Agmas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                         |
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| 145 4 F 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 Many ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J. L. Hampton vires Adm.                                                                     | Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                      |
| Shpermison metros = 5 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - 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## STATE OF NEW MEXICO

## ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

# OIL CONSERVATION DIVISION AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD AZTEC, NEW MEXICO 87410 (505) 334-6178

| DATE: 12-18-89               |
|------------------------------|
|                              |
|                              |
| Amoco Production Co.         |
| P.O. Box 800                 |
| Denver, CO. 80201            |
| Attn: John Hampton           |
| RE: Mudge LS #9R H-3-31N-11W |

The Application to Drill for the referenced well has expired.

Please send a sundry requesting an extension of time to drill or a cancellation.

If you have any questions, please call this office.

Sincerely,

Tech. I

xc: Well File

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTION           |   |   |
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| LAND DIFICE            |   |   |
| DPERATOR               | i | i |

| DISTRIBUTION                                                | P. O. BO                               |                                       | ; '                     | form C-103<br>Revised 19-1-78         |
|-------------------------------------------------------------|----------------------------------------|---------------------------------------|-------------------------|---------------------------------------|
| FILE U.S.G.S.                                               | SANTA FE, NEW                          | V MEXICO 87501                        | 5a, Indicate            | Fee XX                                |
| DEFENTOR                                                    | •                                      |                                       | 5. Şiale Oil (          | Gas Lease No.                         |
| SUNDRY                                                      | NOTICES AND REPORTS OF                 | N WELLS                               |                         |                                       |
| OIL WELL XX                                                 | OTHER.                                 |                                       | 7, Unit Agree           |                                       |
| Amoco Production Con                                        | npany                                  |                                       | Mudge                   | i                                     |
| P.O. Box 800, Denver                                        | r, CO 80201                            | · · · · · · · · · · · · · · · · · · · | 9. Well No.<br>9R       | 4 Pool, or Wildcat                    |
| Location of Well  WHIT LETTER 11 216                        | 50 PEET FROM THE North                 | LINE AND 395                          | 1                       | · · · · · · · · · · · · · · · · · · · |
| THE East LINE, BECTION.                                     | 3 TOWNSHIP 31N                         | RANGE 11W                             | имрм.                   |                                       |
|                                                             | 15. Elevation (Show wheth              | er DF, RT, GR, etc.)<br>5962          | 12. County<br>San Juan  |                                       |
| Check V                                                     | ppropriate Box To Indicate             |                                       | t or Other Data         |                                       |
| NOTICE OF INT                                               | ENTION TO:                             | SUBSE                                 | EQUENT REPORT           | OF:                                   |
| PEPFONM REMEDIAL WORK                                       | PLUE AND ABANDON                       | COMMENCE DRILLING OPER.               | <del> -</del>           | LUE AND ABANDONMENT                   |
| PULL OR ALTER EASING                                        | CHANSE PLANS                           | OTHER APD EST                         |                         | X                                     |
| Change of Opera                                             |                                        | ×                                     |                         |                                       |
| 7. Describe Proposed or Completed Oper south see NULE 1103. | intions (Clearly state all persinent o | details, and give pertinent dates,    | including estimated dat | te of starting any proposed.          |
|                                                             |                                        |                                       | !                       |                                       |
| Approval is requeste<br>Oil Company.                        | ed for <b>a change of op</b> e         | erator to Amoco Prod                  | luction Company         | from Tenneco                          |
| Amoco additionally a                                        | requests that the APD                  | for this location b                   | e extended (th          | ne initial                            |
| approval was signed                                         | •                                      |                                       |                         | ;<br>;                                |
|                                                             |                                        |                                       | <b>!</b> <sup>1</sup>   |                                       |
|                                                             |                                        |                                       | ,                       | ·                                     |
|                                                             |                                        | . 1//                                 | R 10 6                  |                                       |
| C. T.                                                       | E 6.16                                 | (3.8.7)                               | RVATION DIN             |                                       |
| GX/ENSI                                                     | ion Expires 6.16                       | OIT Conseque                          | SKWIN I                 | MIFILES 1000                          |
|                                                             |                                        |                                       | 0                       | IL CON. DIV                           |
| 18, I hereby certify that the information                   | above is true and complete to the bo   | eat of my knowledge and belief.       |                         | (3) Q                                 |
| Jampton                                                     | J. L. Hampton virus                    | Adm. Supervisor                       | DATE                    | 3-3-89                                |
| Original Signed by FRAN                                     | V T CUAUP                              | SUPERVISOR DISTRICT                   |                         | 48 1 5 1989                           |