CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

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Ī	Submit 3 Copie
	to Appropriate District Office
	DISTRICT I P.O. Box 1980
	P.O. Box 1980
	DISTRICT II

Revised	1-1-8

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II OIL CONSERVATION I P.O.Box 2088 Santa Fe, New Mexico 875	WELL API NO. 3004528158				
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WEI (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name Parson Gas Com A				
OIL GAS OTHER					
2. Name of Operator Attention:	1	8. Well No.			
Amoco Production Company July aceve	do	#1			
3. Address of Operator Denver CO	80201	9. Pool name or Wildcat			
P.O. Box 800 Denver CO 4. Well Location	80201				
Unit Letter G: 2100' Feet From The North	Line and 18	40 Feet From The East Line			
Section 2 Township 31N Ram		NMPM San Juan County			
10. Elevation (Show whether	DF, RKB, RT, GR, etc.) 6131' GR				
11. Check Appropriate Box to Indicate Na		eport, or Other Data			
~~ -	CII	BSEQUENT REPORT OF:			
NOTICE OF INTENTION TO:	30				
PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB			
OTHER: Extension of APD					
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Amoco Production Company requests an extension of the subjects well's APD due to expire February 22, 1993. 					
Please contact Julie Acevedo 303-830-6003 if you have any questions.					
Extension Expires 8-12-93		OIL CON. In 1			
I hereby certify that the information above is true and complete to the best of my	knowledge and belief.				
1 V: On also	Sr. Staff A	Assistant 02-15-1993 DATE			
SIGNATURE		TELEPHONE NO. (303) 830-6000			
TYPE OR PRINT NAME Julie Acevedo					
(This space for State Use)	SUPERVISOR D	ISTRICT #3 DATE FEB 2 2 199.			
APPROVED BY Original Signed by FRANK T. CHAVER	mle ————	DATE DATE			