

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Greenwood Holdings Inc.		8. Farm or Lease Name Kirtland
3. Address of Operator 5600 S. Quebec St., Suite 150-C, Englewood, CO 80111		9. Well No. Kirtland #6
4. Location of Well UNIT LETTER <u>C</u> , <u>860</u> FEET FROM THE <u>North</u> LINE AND <u>1090</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>29N</u> RANGE <u>15W</u> NMPM.		10. Field and Pool, or Wildcat Cha Cha Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 5138 GL		12. County San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

REMEDIATION WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Will P&A as soon as weather permits,
or first thing in the spring.

RECEIVED
JAN 14 1992
OIL CON. DIV.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature]
Original Signed by CHARLES GHOLSON

TITLE Operations Manager
DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE JAN 14 1992

CONDITIONS OF APPROVAL, IF ANY: