Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 3004526855

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name: Yaffee Gas Com A

1. Type of Well: OIL WELL ☐ GAS WELL ☒ Coal OTHER

8. Well No. 1

2. Name of Operator: Amoco Production Co.

9. Pool name or Wildcat: Undes. Fruitland Coal

3. Address of Operator: 2325 East 30th St., Farmington, NM 87401

4. Well Location
Unit Letter B : 970 Feet From The North Line and 1660 Feet From The East Line
Section 9 Township 29N Range 12W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5809 'GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

Moved in service rig 0730 hours 03-8-89. Set cement retainer at 1603 ft. Plugged with 106 cu. ft. class B and 2% CaCl2. Plugged till cement returned to surface. Rig released at 1300 hours 3-9-89. P&A date 3-9-89. Dry hole marker has been erected and reclamation as required has been done. The site is ready for inspection.

RECEIVED
APR 26 1989
OIL CON. DIV.
DIST. 3

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

SIGNATURE BJ Shaw TITLE Adm. Supervisor DATE 4-24-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
Original Signed by CHARLES GHOLSON DEPUTY OIL & GAS INSPECTOR, DIST. #3 APR 28 1989

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: