

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Carbon Dioxide		7. Unit Agreement Name
2. Name of Operator AmeriGas, Inc., Carbon Dioxide Division		8. Farm or Lease Name Albert Mitchell
3. Address of Operator 4455 LBJ Freeway, Suite 1100, Dallas, Texas 75234		9. Well No. Mitchell 9
4. Location of Well UNIT LETTER <u>D</u> <u>1085</u> FEET FROM THE <u>North</u> LINE AND <u>341</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>19N</u> RANGE <u>30E</u> NMPM.		10. Field and Pool, or Wildcat Mitchell
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Harding

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Pump cement into well through 1 1/4" string and circulate to surface. Cut out well head equipment at surface and install well marker.

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

SIGNED L. M. Kuchelma TITLE Regional Production Mgr. DATE 10/03/84  
APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 10-9-84  
CONDITIONS OF APPROVAL, IF ANY: