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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator Palmer Oil & Gas Company		8. Farm or Lease Name Yager	
3. Address of Operator P. O. Box 2564, Billings, Montana 59103		9. Well No. 2A	
4. Location of Well UNIT LETTER <u>P</u> <u>790</u> FEET FROM THE <u>South</u> LINE AND <u>1190</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>32N</u> RANGE <u>6W</u> NMPM.		10. Field and Pool, or Wildcat Blanco-Mesaverde	
15. Elevation (Show whether DF, RT, GR, etc.) 6790' GL		12. County San Juan	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <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.

Well was spudded at 5:45 AM 10/3/77. Ran 5 joints 9-5/8" casing to 219' KB and cemented with 250 sx, 2% cc. Plug down at 5:30 PM - good returns.

10/7/77 - drilling at 1625'.



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

SIGNED Grace E. Brown TITLE Assistant Secretary DATE 10/7/77
ORIGINAL SIGNATURE

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: