

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

5a. Indicate Type of Lease  
State  Fee   
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> C02 Well	7. Unit Agreement Name
2. Name of Operator AmeriGas, Inc., C02 Division	8. Farm or Lease Name Albert Mitchell
3. Address of Operator 4455 LBJ Freeway, Suite 1100 Dallas, Texas 75234	9. Well No. Mitchell #7
4. Location of well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</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   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER \_\_\_\_\_

PLUG AND ABANDON   
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
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.

Pull tubing and pressure test casing. Retube well with 2-3/8" plastic-lined tubing with packer. Test and return to production. Load the annular space with packer fluid.

\*\* Conditions of Approval: Casing will be pressure tested to 500 psi and will be held for a period of 15 minutes. Oil Conservation Division to be notified 24 hours prior to test.

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

SIGNED [Signature] TITLE V. P. - Production DATE August 17, 1984  
DISTRICT SUPERVISOR

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 8-28-84

CONDITIONS OF APPROVAL, IF ANY: