

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-76

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DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 ☐ GAS ☐ OTHER: CO2 well		7. Unit Agreement Name
2. Name of Operator AmeriGas, Inc., CO2 Division		8. Farm or Lease Name Albert Mitchell
3. Address of Operator 4455 LBJ Freeway, Suite 1100 Dallas, Texas 75234		9. Well No. Mitchell #20
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1650 FEET FROM West LINE, SECTION 5 TOWNSHIP 18N RANGE 30E NMPM.		10. Field and Pool, or Wildcat Mitchell
15. Elevation (Show whether DF, RT, GR, etc.) 4393 GL		12. County Harding

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

PERFORM REMEDIAL WORK ☒	PLUS AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 test casing, repairing, if necessary. Retube with plastic lined tubing with a 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.

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

SIGNED <u><i>Ray E. [Signature]</i></u>	TITLE <u>V. P. - Production</u>	DATE <u>August 17, 1984</u>
APPROVED BY <u><i>Ray E. [Signature]</i></u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>8-28-84</u>
CONDITIONS OF APPROVAL, IF ANY:		