

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised June 10, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
045-33080

5. Indicate Type of Lease  
STATE ☐ FEE ☒  
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
RIVER AAT

8. Well Number  
1

9. OGRID Number  
006834

10. Pool name or Wildcat  
BASIN FRUITLAND COAL

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. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
ELPAMCO, INC

3. Address of Operator  
PO BOX 14738 ALBUQ., NM 87191

4. Well Location

Unit Letter A : 1125 feet from the N line and 1130 feet from the E line

Section 30 Township 29N Range 10W NMPM County SAN JUAN

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
5494 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Amended Report ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

IN CEMENTING SURFACE CASINGS, 5 B CEMENT PUMPED TO SURFACE

IN CEMENTING 4 1/2" PROD. CASINGS, 1 B CEMENT PUMPED TO SURF.

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

SIGNATURE William J. Mayhew TITLE V.P. DATE 8-8-05

Type or print name William J. Mayhew E-mail address: Telephone No. 505-296-5506  
(This space for State use)

APPROVED BY Charles R. TITLE SUPERVISOR DISTRICT # 3

Conditions of approval, if any:

AUG 10 2005  
DATE