## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OT CONCEDIATION DIVICION

Revised	1-1-

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	1,0,20,20		WELL API NO./ 3004510052			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Azioc, NM 87410  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.)		5. Indicate Type of Lesse STATE FEE X				
		6. State Oil & Gas Lease No.				
		7. Lease Name or Unit Agreement Name  Yager LS				
1. Type of Well: OIL GAS WELL WELL X	ОТНЕЯ					
2. Name of Operator				8. Well No.		
Amoco Production Com	pany Gail M. J	effer	son, Rm 1295C	9. Pool name or V	Vildent	
3. Address of Operator P. O. Box 800, Denve	r Colo 80201	(303	1) 830-6157		lesaverde	1
4. Well Location	1, 0010. 80201	(303	1) 830 0137	1 110		
Unit Letter M : 9	90 Feet From The Sout	.h	Line and990	Feet From	The West	Line
	2.1.1					County
Section 31	Township 31N  10. Elevation (Show)	Rati whether L	nge 11W OF, RKB, RT, GR, etc.)	NMPM San Ju	W/////////////////////////////////////	
					<u> </u>	
11. Check	Appropriate Box to Indi	icate N	Nature of Notice, R	eport, or Other	Data	
NOTICE OF IN			SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	G OPNS.	PLUG AND ABAND	ONMENT [
PULL OR ALTER CASING	012110212110	L_J	CASING TEST AND C			
PULL OH ALTER CASING						
OTHER:		. LJ	OTHER:			
12. Describe Proposed or Completed Opework) SEE RULE 1103.	erations (Clearly state all persinent d	letails, an	d give pertinent dates, incli	iding estimated date of	of starting any proposed	!
Amoco Production Compawell on August 21, 199 sidetrack procedures faugust 22, 1995.	95 and has now decid	ded no	ot to plug this	well but w	ill submit	ed
If you have any techni	ical questions pleas	se col	ntact Khanh Vu	at (303) 83	0-4920 or Gai	1
Jefferson for any admi	inistrative concerns	s.				
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				National Control	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
I hereby certify that the information above is	true and complete to the best of my know	windge and	l belief.		u. I	
Will.	efferson	π	Sr. Admin.	Staff Asst.	DATE	96
SKINATURE TO THE SKINATURE	7/)				TELEPHONE NO.	
TYPE OR PRINT NAME						
(This space for State Use)						n n 300
Original Signed by	y Frank T. Chavez		п.е		DATE	<u> 2 0 1/7</u>
APPROVED BY		11				
CONDITIONS OF AFFROVAL, IF ANY:						