Form C-103 Revised 1-1-89	), l
Form C-103	$r_{ ho}$
Revised 1-1-89	V) h
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Submit 3 Copies to Appropriate District Office	State of N ergy, Minerals and Nat		<del>-</del>		() () Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVA P.O. B	ox 208	8	WELL API NO.	)-015 <b>-</b> 27024	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE XX FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			JIN 1 0 1993	6. State Oil & Gas		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PELLS BACKLED A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or	Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER			Medano	"VA" State	
2. Name of Operator	tion			8. Well No.	8	
Yates Petroleum Cor  3. Address of Operator  105 South Fourth St	Street, Artesia, New Mexico 88210			9. Pool name or Wildcat Los Medano Delaware		
4. Well Location  Unit Letter _P : 33	SO' Feet From TheSC	outh	Line and 660	rea rioii		
Section 16	Township 23S 10. Elevation (Show 3390'	whether i	nge 31E DF, RKB, RT, GR, etc.)	NMPM Ed	Cour	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	xx	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMEN	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:			OTHER:			
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent o	ietails, an	d give pertinent dates, inclu	ding estimated date of	f starting any proposed	

This well was originally approved at 660' FSL and 660' FEL. Due to geological reasons Yates Petroleum Corporation wishes to change location to 330' FSL and

660' FEL. New C-102 is attached.

CONDITIONS OF APPROVAL, IF ANY:

Past ID-1 6-18-93 Amund Lac.

I hereby certify that the infor	mation above is true and complete to the best of my kn		6/10/93
SIGNATURE	the K. May	Permit Agent	6/10/93 ————————————————————————————————————
TYPE OR PRINT NAME	Clifton R. May		748-1471 Telephone no.
(This space for State Use)	ORIGINAL SIGNED BY		•
	MIKE, WILLIAMS		WW 4 4 4000
APPROVED BY	SUPERVISOR, DISTRICT IT	mre	DATE JUN 11 1993