

007 1 1980

Form C-103  
Revised 10-1-75

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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

8. Indicate Type of Lease  
State  Fee

9. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE 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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Form or Lease Name Buffalo Wallow "LA" Com
3. Address of Operator 207 South 4th Stree, Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>9S</u> RANGE <u>32E</u> N.M.P.M.	10. Field and Pool, or Widened Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4359.8 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Well Name Correction</u> <input checked="" type="checkbox"/>

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.

WELL NAME CORRECTION: From: Buffalo Wallow "LH" Com  
To: Buffalo Wallow "LA" Com

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

SIGNED Jerry A. Sexton TITLE Regulatory Coordinator DATE October 10, 1980

APPROVED BY Jerry Sexton TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL: Dist. L. Supp.