STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

40. 87 COMES SCCEIFES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPCRATOR	

OIL CONSERVATION DIVISION

DISTRIBUTION	Р. О. ВО	X 2088	Fara C-103
SANTA FA	SANTA FE, NEW	MEXICO 87501	Revised 10-1-73
FILE			Sa. Institute Type of Lease
U.S.G.S.			State X Fon
OPERATOR			5, State Oli & Gus Lease No.
	J		LG 4903
SUNDO	Y NOTICES AND DEPORTS ON	WELLS	mmmmmmm
IDO HOT USE THIS FORM FOR PIO	Y NOTICES AND REPORTS ON POSALS TO DAILL ON TO DEEPEN OF PLUG I	SACR TO A DIFFERENT RESERVOIR.	
[1.			7. Unit Agreement Name
OIL X GAS OTHER-		Lazy Tree State Unit	
2. Name of Operator			8. Farm or Lease Name
Yates Petroleum Corporation		Lazy Tree State Unit	
J. Address of Operator		9. Well No.	
105 South 4th St., Artesia, NM 88210		1	
: 4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER A . 660 FEET FROM THE NORTH LINE AND 660 FEET FROM		Baum Upper Penn	
UNIT LETTER A . O	FEET FROM THE HOLCH	LINE AND DOU FEET	THE THE THE TOTAL
East Live Section	THE East LINE, SECTION 12 TOWNSHIP 13S RANGE 32E NAPH.		
THE LINE, SECTION	TOWNSHIP	RANGEN	msw. ([]]]]]]]]]]
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	4305.8' GR		Lea
16. Check	Appropriate Box To Indicate N	Jaruse of Notice Papers of	Other Data
	TENTION TO:	_	ENT REPORT OF:
NOTICE OF IN	TENTION TO:	3003200	TENT REPORT OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORANILY ABANDON		COMMENCE DRILLING OPHS.	PLUG AND ASANOONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	Too and administration
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OTHER Spud	Well K
OTHER			
17. Describe Proposed or Completed Op work) SEE RULE 1 (03.	erations (Clearly state all pertinent det	ails, and give pertinent dates, incli	uding estimated date of starting any proposed
,			
Spudded 8" hol	le at 2:00 PM 11-30-87 w	ith Ray Stevens Cable	Tool. Notified
June Goble, NM	10CD, Hobbs, NM, of spud	Drilled 50'.	
Rigged down 12			
	ved in cable tools and r	igged up. $12-18-87$,	drilled 10', TD 60'.
12-21-87. Dr:	illed 10'. TD 70'.		
·	•		
	•		
i8. I hereby certify that the information	above is true and complete to the heat	of my knowledge and belief.	
i8. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
i.B. I hereby certify that the information			12-22-87
i 8. I hereby certify that the information		of my knowledge and belief. oduction Supervisor	DATE 12-22-87
· mily (a and a)	to elless TITLE Pr		
ORIGINAL SIGNED ST. J	Fralles TITLE Pr		DEC 2 8 1987