

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-20405

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
V-1876

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.)

7. Lease Name or Unit Agreement Name

Drover State Unit

1. Type of Well: RE-ENTRY
OIL WELL GAS WELL OTHER P&A

8. Well No.
2

2. Name of Operator
YATES PETROLEUM CORPORATION

9. Pool name or Wildcat
Williams Penn

3. Address of Operator
105 South 4th St., Artesia, NM 88210

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 20 Township 13S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4338' GR

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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER:

12. 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.

5-9-90 - 5-18-90. Attempts to get into 8-5/8" casing unsuccessful.
Received permission to plug well from Mr. Jerry Sexton, NMOCD, Hobbs, NM.

Plug #1 1906-1706' - 85 sacks Class "C" + 3% CaCl2, tag plug at 1728.
Plug #2 1074-974' - 35 sacks Class "C" + 3% CaCl2, tag plug at 960'.
Plug #3 481-381' - 35 sacks Class "C" Neat
Plug #4 30-0' - 15 sacks Class "C" Neat

Installed dry hole marker. Plugging completed 5-21-90.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 6-6-90

TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:

R CW

E

JUN 07 1990
OCD
HOBBS OFFICE