

Submit 3 copies
to Appropriate
District Office

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL APT NO.
30-015-26601

5. Indicate Type of Lease

State ☐ Fee ☐

7. Lease Name or Unit Agreement Name

HILL VIEW AHE FED. COM

8. Well No.

6

9. Pool Name or Wildcat TOWNSEND PERMO-U/PENN
DAGGER DRAW U/PENN S.

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.)

1. Type of Well:

OIL ☐ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 23 Township 20S Range 24E NMPM EDDY COUNTY

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER CONVERT WELL TYPE ☒

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.

Yates Petroleum Corp. would like to convert this well from an injection well status, back to an oil well status for temporary abandonment. There has been no injection since Oct. 2001. Well is currently TA. MIT performed May 2002.

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

SIGNATURE Michelle Taylor

TITLE Regulatory Compliance Mgr

DATE 11-Jun-03

TYPE OR PRINT NAME Michelle Taylor

TELEPHONE NO. 505-748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: