

Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

cliff  
Dr

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

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

WELL API NO. 30-015-01372
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8617
7. Lease Name or Unit Agreement Name Spurck F State
8. Well No. 2
9. Pool name or Wildcat Red Lake QN, GRB

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 Well  GAS Well  OTHER

2. Name of Operator  
Yates Drilling Company

3. Address of Operator  
105 South 4<sup>th</sup> Street, Artesia, NM 88210

4. Well Location  
Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line

Section 15 Township 17S Range 28E NMPM Eddy County  
**3533 GR**

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

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

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.  
See attachment

Post PFA



I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Karen J. Leishman TITLE Engineering Technician DATE 6-14-01  
TYPE OR PRINT NAME Karen J. Leishman TELEPHONE NO. 505-746-0308

(This space for State Use)  
APPROVED BY [Signature] TITLE Compliance Officer DATE 7-24-01  
CONDITIONS OF APPROVAL, IF ANY: