Submit 3 Copies to Appropriate District Office

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

_	15/	
	ip	

WELL API NO.

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

30-015-28519				
Indicate Type of Lease				

DISTRICT II Santa Fe, New Mexico 87504-2088	J0 019 20317
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE K FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
1000 Ato Blacks Add American Control	V-3001
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
1. Type of Well:	
ORL GAS WELL OTHER	Savannah State
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	Dagger Draw Upper Penn, North
4. Well Location Unit Letter A: 660 Feet From The North RECEIVED AR 1100 and 660	Feet From The East Line
Section 32 Township 19S Range 25E N	MPM Eddy County
10. Elevation (Show whether Dr., RRB, R1, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	_
PULL OR ALTER CASING	
OTHER: Selling	thru lact unit X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includit work) SEE RULE 1103.	ing estimated date of starting any proposed
Began selling thru lact unit located at the Dagger ZW batte R25E) on February 20, 1998.	ery (Unit K - Section 30-T19S-
Oil transporter will be Amoco Pipeline Company/Amoco P/L In Gas transporter will be Yates Petroleum Corporation ~ Dagge	nt. Trucking er Draw Gas Processing
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Operations Te	echnician Fab 20 1000
SKONATURE TITLE OPERATIONS TO	
TYPE OR PRINT NAME Rusty Klein	TELEPHONE NO. 505/748-14
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM O'STRICT II GUPERVISOR	3-2-98

DISTRICT II SUPERVISOR