

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 7. Unit Agreement Name |
| 2. Name of Operator Yates Petroleum Corporation | | 8. Farm or Lease Name T-4 Cattle Co. |
| 3. Address of Operator 207 South 4th St., Artesia, NM 88210 | | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>11N</u> RANGE <u>27E</u> NMPL. | | 10. Field and Pool, or Whdcat Undesignated |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4367' GR | | 12. County Quay |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

| | | | |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Swab test well |

17. 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.

TD 4973'. 12-14-84. SITP 0#. Initial fluid level surface. Swabbed tested well.
Show of condensate and gas.

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

| | | |
|---------------------------------|------------------------------------|----------------------|
| SIGNED <u>[Signature]</u> | TITLE <u>Production Supervisor</u> | DATE <u>12-27-84</u> |
| APPROVED BY <u>[Signature]</u> | TITLE <u>DISTRICT SUPERVISOR</u> | DATE <u>1-8-85</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |