				(15%	
Submit 3 Copies To Appropriate District	State of 3	New Me	exico	ا الله	Form C-10
Office District I	Energy, Minerals and Natural Resources			Off	Revised March 25, 199
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.	
District II	OIL CONSERVATION DIVISION			30-005-61415	
811 South First, Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 2	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, 14141 67303			6. State Oil & Gas Lease No.	
87505				L-6274	
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:				7. Lease Name or Unit Agreement Name: Dee OQ State	
Oil Well Gas Well X	Other				
2. Name of Operator				7. Well No.	
Yates Petroleum Corporation (#4	
3. Address of Operator				8. Pool name or	
105 S. 4 th Street Artesia, NM 88210				Pecos Slope Abo Gas	
4. Well Location				<u> </u>	
Unit Letter <u>C</u> : 66		North Range			
Section 32	Township 5S 10. Elevation (Show w				S County
	10. Elevation (Show w	3796		··)	
11 Check A	ppropriate Box to Inc			Report or Other	Data
NOTICE OF IN	<u> </u>	dicate 11		SEQUENT REI	
	T				ALTERING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X	REMEDIAL WOR	<u>к</u>	CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE		CASING TEST AN	ND	ADAINDONWENT
PULL OR ALTER CASING	COMPLETION	П	CEMENT JOB		
OTHER:		П	OTHER:		
Describe proposed or completed or	perations. (Clearly state a	all pertine	nt details, and give	pertinent dates, inclu	uding estimated date of
starting any proposed work). SEE recompilation. Propose to plug and abando Pull all equipment from well. Set CIBP at 3600' and cap well 4-1/2" from +/- 3100'. Set a 50 sack plug in the 4-1 Set a 50 sack plug 18 00' - 170 Set a 50 sack plug 954-854'.	n well as follows: with 35' of cement to /2" casing stub at +/- 0'. 1425 - 1525 -745	cover A - 3150' to	00 perfs 3684-38. 0 3050' — 749 Salt gel mud cons Brine W/25# of	58'. Sisting of 10#	OCD - ARIESIA
)' Set a least plug at the sur Remove the well head and in	iuce. ostali a dovhole mark	uni Ar Clad	ist be placed between the location	veen each plug	S COTA
vernose the well head and it	istali a ary nole mark				
		Notify	OCD 24 hrs. prior t	to any work done	1 COST 48 CO. 1
I hereby certify that the information	above is true and compl	lete to the	best of my knowled	lge and belief.	
SIGNATURE ALGORA	tiri				January 11, 2002
Type or print name Susan He	rpin			Telephone	No. 505-748-147
(This space for State use)	/ 11/1		A _ 11	1 3	
(1110 opace for state ace)	1 XX		S. W.	Head I	JAN 24 2
APPPROVED BY U	100 \	_TITLE_		T	DATE
Conditions of approval, if any:				î,	