

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
JUN 20 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-1858

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Yates Petroleum Corporation			8. Farm or Lease Name Whiptail "ZX" State
Address of Operator 207 S. 4th, Artesia, New Mexico			9. Well No. 1
Location of Well UNIT LETTER <u>H</u> 1980 FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>9S</u> RANGE <u>23E</u> NMPM.			10. Field and Pool, or Wildcat Undes. West Pecos Slope Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3737.0' GL			12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

Change casing program to: 13 3/8" csg @450'
8 5/8" csg @1100'
4 1/2" csg to TD

Due to lost circulation.

Verbal approval received from Mike Williams.

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

SIGNED <u>Rebecca L. Wilbourn</u>	TITLE <u>Regulatory Agent</u>	DATE <u>6/18/84</u>
Original Signed By Leslie A. Clements Supervisor District H		
APPROVED BY _____	TITLE _____	DATE <u>JUN 20 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		