

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

AUG 11 1987
O. C. D.
ARTESIA, NEW MEXICO

Form C-103
Revised 10-1-78

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"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
Name of Operator Yates Petroleum Corporation			5. State Oil & Gas Lease No. LG-4429
Address of Operator 105 South Fourth Street - Artesia, NM 88210			7. Unit Agreement Name Desert Rose Unit
Location of Well UNIT LETTER H 1780 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 9S RANGE 26E NMPM.			8. Farm or Lease Name Pecos Slope Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3824' GR			9. Well No. 1
			10. Field and Pool, or Wildcat Pecos Slope Abo
			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 checked="" type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPS. <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.

We plan to take this well to a TD of 6100' instead of 5200' as originally reported on the Application for Permit to Drill.

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

SIGNED Rusty Yarnall TITLE Regulatory Secretary DATE August 11, 1987

Original Signed By
Les A. Clements

TITLE _____ DATE AUG 14 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: Supervisor District 11