

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

RECEIVED

SEP 14 '87

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fed <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 4429	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT LOCATION.
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		8. Farm or Lease Name
Yates Petroleum Corporation		
3. Address of Operator		9. Well No.
105 South 4th St., Artesia, NM 88210		1
4. Location of Well		10. Field and Pool, or WHdcat
UNIT LETTER H 1780 FEET FROM THE North LINE AND 660 FEET FROM		Und. Pecos Slope Abo
THE East LINE, SECTION 11 TOWNSHIP 9S RANGE 26E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3824' GR		Chaves

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 Frac well <input checked="" type="checkbox"/>	

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 6360'; PBTD 6195'.
9-10-87. Frac'd perforations 6067-80' (22 holes) w/60000 gals gelled X-link water
and CO₂ + 80000# 20/40 sand.

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

SIGNED Les A. Clements TITLE Production Supervisor DATE 9/11/87

APPROVED BY Les A. Clements TITLE Supervisor District II DATE SEP 21 1987

CONDITIONS OF APPROVAL, IF ANY: