Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ener' 'Ainerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-01372

5. Indicate Type of Lease
STATE [x]   FEE [ ]

6. State Oil & Gas Lease No.
B-8617

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.)

7. Lease Name or Unit Agreement Name

Spurck F State

1. Type of Well:
OIL WELL [x]   GAS WELL [ ]   OTHER

RECEIVED

2. Name of Operator
Yates Drilling Company

OCT - 4 1996

8. Well No.
2

3. Address of Operator
105 South 4th St., Artesia, NM 88210

OIL CON. DIV.
DIST. 2

9. Pool name or Wildcat
Red Lake

4. Well Location

Unit Letter __F__ : __2310__ Feet From The __North__ line and _____ Feet From The __West__ Line

Section 15   Township 17S   Range 28E   NMPM   Eddy   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3541'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [x]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER:_____ [ ]		OTHER:_____ [ ]	

12. 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.

Request three month extension to evaluate well for returning to production or to plug
and abandon.

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

SIGNATURE _Karen J Leistman_   TITLE Engineering Technician   DATE 10-1-96

TYPE OR PRINT NAME   TELEPHONE NO.

(This space for State Use)   ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

OCT 18 1996

APPROVED BY_____   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: