Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Muterals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		Form C-103 Revised 1-1-89 WELL API NO. 30-015-21350	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 8	87504-2088	5. Indicate Type of Lease STATE FEE XX	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	0	64E 3 MUL	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR F DIFFERENT RES (FORM	OTICES AND REPORTS ON WELL PROPOSALS TO DRILL OR TO DEEPEN SERVOIR. USE "APPLICATION FOR PER M C-101) FOR SUCH PROPOSALS.)	LS OR PLUG BACK TOPA MITERAL	7. Lease Name or Unit Agreement Name	
I. Type of Well: OIL CAS WELL X WELL	OTHER P&A		City of Artesia CG	
2. Name of Operator YATES PETROLEUM CORP			8. Well No. 2.	
3. Address of Operator 105 South 4th St., A			9. Pool name or Wildcat Eagle Creek SA	
4. Well Location Unit LetterH:	650 Feet From The North	Line and990	Feet From The Line	
Section 23	Township 17S Ray	nge 25E	NMPM Eddy County	
	10. Elevation (Show whether I 3484' GR	DF, RKB, RT, GR, etc.)		
	CK Appropriate Box to Indicate NINTENTION TO: PLUG AND ABANDON	Nature of Notice, F SUE REMEDIAL WORK	BSEQUENT REPORT OF:	
	CHANGE PLANS	COMMENCE DRILLIN		
ULL OR ALTER CASING CASING TEST AND C				
DTHER:		OTHER:		
work) SEE RULE 1103. Plugged well 5-17-90. MIR TIH with 3-7/ tubing. Set Spot 35 sack	U. Unseat pump. Lay dow 8" bit and scraper to 135 CIBP at 1275' with 35 sac cement plug. Pick up 400	m 55 - 5/8" ro 50'. Loaded ho 2ks Class "C" c)' tubing. Pum	ds and pump. TOOH with tubing. le and circulated. TOOH with ement plug. Pulled 400' tubing. p cement to surface, top out. by Mike Stubblefield, NMOCD,	
Plugging comp	leted 5-18-90. $\mathcal{W} \mathcal{W} \mathcal{V}$	in the	Past #0-2 6-14-90 PAA	
I hereby certify that the information above	is true and complete to the best of my knowledge and	i belief.		
I hereby certify that the information above	is true and complete to the best of my knowledge and	i belief.	Supervisor DATE6-7-90	
I hereby certify that the information above SKONATURE	is true and complete to the best of my knowledge and	i belief.		
I hereby certify that the information above SIGNATURE <u>2227</u> 272	is true and complete to the best of my knowledge and	i belief.	Supervisor DATE6-7-90	