

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

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SANTA FE, NEW MEXICO 87501

FEB 14 1984

O. C. D.
ARTESIA OFFICE

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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.

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
Yates Petroleum Corporation

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

4. Location of Well
UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 35 TOWNSHIP 17S RANGE 25E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Manseau EK Com

9. Well No.
1

10. Field and Pool, or subpool
Eagle Creek-Strawn

11. Elevation (Show whether DF, RT, GR, etc.)
3518' GR

12. County
Eddy

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 JOB <input type="checkbox"/>	Well producing from Strawn only <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.

Blanking off Wolfcamp perforations 6618-36'. Well is now producing from
Strawn perforations 8003-19'. Well no longer commingled.

*Det ID 2
2-27-84
P.H. W. Dep.*

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

SIGNED Larry Brooks TITLE Production Supervisor DATE 2-13-85

APPROVED BY _____ TITLE ORIGINAL SIGNED BY LARRY BROOKS DATE FEB 18 1984

CONDITIONS OF APPROVAL, IF ANY: GEOLOGIST - NMOCD