

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
Op

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

RECEIVED

SEP 18 1992

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

7. Lease Name or Unit Agreement Name

Spurck F State

8. Well No.  
5

9. Pool name or Wildcat  
Und. Seven Rivers

SUNDRY NOTICES AND REPORTS ON WELLS, C. D.  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL OR TO PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Yates Drilling Company

3. Address of Operator

105 South 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 16

Township 17S

Range 28E

NMPM

Eddy

County

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Change of Operator ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Effective 9/1/92

Operator changed from

S.P. Yates

105 South 4th Street  
Artesia, NM 88210

Operator changed to

Yates Drilling Company  
105 South 4th Street  
Artesia, NM 88210

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

SIGNATURE

Karen J. Leishman

TITLE

Production Clerk

DATE

9-15-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

SEP 21 1992

CONDITIONS OF APPROVAL, IF ANY: