

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 10-1-78

RECEIVED BY

AUG 31 1983

O. C. D.

ARTESIA, OFFICE

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 2. Name of Operator Yates Petroleum Corporation ✓ 3. Address of Operator 207 S. 4th, Artesia, New Mexico 88210 4. Location of Well UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2385</u> FEET FROM <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>17S</u> RANGE <u>25E</u> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3519' GR</u>	5. Indicate Type of Lease State <input type="checkbox"/> Free <input checked="" type="checkbox"/> 6. State Oil & Gas Lease No. 7. Unit Agreement Name 8. Farm or Lease Name J Lazy J 9. Well No. 18 10. Field and Pool, or Wildcat Eagle Creek/SA 12. County Eddy
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OIL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> Change BOP type	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
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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.

Change type of Blowout Preventer.

See attached diagram.

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

SIGNED Leslie A. Clements TITLE Regulatory Secretary DATE 8/29/83

APPROVED BY _____ TITLE Original Signed By
Leslie A. Clements
Supervisor District II DATE AUG 31 1983

CONDITIONS OF APPROVAL, IF ANY:

EXHIBIT B
BDP DIAGRAM
RATED 3000[#]

