

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.  
30-015-31315

5. Indicate Type of Lease  
STATE ☒ 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.)

1. Type of Well:  
OIL Well ☐ GAS Well ☒ OTHER

2. Name of Operator  
Yates Drilling Company

3. Address of Operator  
105 South 4<sup>th</sup> St. Artesia, NM 88210

4. Well Location  
Unit Letter L : 1980 Feet From The South Line 660 Feet From The West Line  
and  
Section 15 Township 17S Range 28E NMPM Eddy County

7. Lease Name or Unit Agreement Name  
Spurck 15 State Com

8. Well No.  
2

9. Pool name or Wildcat  
Empire Penn

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

NOTICE OF INTENTION TO:  
PERFORM REMEDIAL WORK ☐  
☐  
TEMPORARILY ABANDON ☐  
☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

PLUG AND ABANDON ☐  
  
CHANGE PLANS ☒  
  
☐

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.

Change Casing Design/Hole sizes, as follows:

FROM:	Hole Size	Casing Size	#'s/ft	Setting Depth	Sx Cement	TOC
	14 3/4"	11 3/4"	42#	400'	250 sx	Surface
	11"	8 5/8"	24#	2,000'	900 sx	Surface
	7 7/8"	5 1/2"	15.5 & 17#	10,250'	200 sx	TOC 6,100'
TO:						
	17 1/2"	13 3/8"	48#	400'	450 sx	Surface
	12 1/4"	9 5/8"	36#	2,100'	950 sx	Surface
	8 3/4"	5 1/2"	15.5 & 17#	10,300'	450 sx	TOC 6,100'



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

SIGNATURE Karen J. Leishman TITLE Engineering Technician DATE 10-11-00

TYPE OR PRINT NAME Karen J. Leishman TELEPHONE NO. 505-748-4500

(This space for State Use)

APPROVED BY Jim W. Lamm TITLE District Supervisor DATE OCT 18 2000

CONDITIONS OF APPROVAL, IF ANY: