

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

C/S  
Op

Form C-103  
Revised 1-1-89

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 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

15

Township

17S

Range

28E

NMPM

Eddy

County

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

3522' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

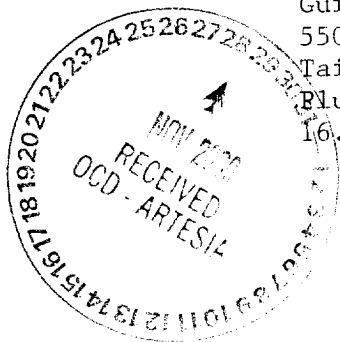
PLUG AND ABANDONMENT ☐

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.

10-26-00 TD 2100'. Ran 47 jts. 9 5/8", 36#, J-55 casing, set at 2100'. Texas Pattern Guide Shoe set at 2100'. Float collar set at 2055'. Cemented with 550 sxs. 35:65:6 + 2% CaCl + .25# Cello + 5# LCM-1 (yld 1.8, wt 12.90). Tailed in with 200 sxs. Class "C" + 2% CaCl (yld 1.34, wt 14.80). Plugged down at 5:00 pm, 10-25-00. Bumped plug to 1800 psi. WOC, 16.5 hrs. Resumed drilling.



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

SIGNATURE

Karen J. Leshman

TITLE

Engineering Technician

DATE 11-15-00

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

DEC 04 2000

APPROVED BY

TITLE

DATE