

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. State 648
7. Lease Name or Unit Agreement Name Artesia Metex Unit
8. Well No. 45
9. Pool name or Wildcat Artesia, Qn, Grybg, SA

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Inj. Well	
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 25 Township 18S Range 27E 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Hole in tubing ☒

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.

10-31-90 Flowed well back and unset packer.
Found hole in 2 3/8" tbg. 33 joints down. Pulled and tested all tubing.
Changed out packer and replaced joint of tubing. Ran back 59 joints 2 3/8" cement lined tubing, circ. packer fluid. Set packer at 1790.63'. Tested backside, held okay. Placed well back on injection. Witnessed by Gary Williams, NMOCD.

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

SIGNATURE Gaven J. Lushman TITLE Engineer DATE 12-6-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 19 1990