

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

AUG 28 1980

5a. Indicate Type of Lease
State ☒ Free ☐
5. State Oil & Gas Lease No.

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"/>	7. Unit Agreement Name
2. Name of Operator Yates Drilling Company	8. Farm or Lease Name Artesia Metex Unit
3. Address of Operator 207 So. 4th Street, Artesia, NM 88210	9. Well No. #28
4. Location of Well UNIT LETTER C 990 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE SECTION 25 TOWNSHIP 18S RANGE 27E NMPM.	10. Field and Pool, or Whdeat Artesia Grbg. SA
15. Elevation (Show whether DF, RT, GR, etc.) 3566 GR	12. County Eddy

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 ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Bradenhead Test ☒

17. 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.

Bradenhead above ground level. Installed 2" high pressure nipple w/ high pressure 2" valve. Swidged down w/tapped ball plug to 1/2" needle valve. Bradenhead and casing shut in 24 hours before inspection. No pressure on Bradenhead or casing. Tubing Pressure 1150. Inspected by Mr. Weaver, OCD, Artesia.

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

SIGNED Bai Shu TITLE Drilling Supervisor DATE August 28, 1980

APPROVED BY B.W. Weaver TITLE OIL AND GAS INSPECTOR DATE SEP 8 - 1980

CONDITIONS OF APPROVAL, IF ANY: