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U.S.G.S.

LAND OFFICE

OPERATOR

MEXICO OIL CONSERVATION COMMISSION

AUG 28 1980

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☒Fee ☐

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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.

1 #20

4. Location of Well

UNIT LETTER P, 330 FEET FROM THE South LINE AND 330 FEET FROM

THE East LINE, SECTION 24 TOWNSHIP 18S RANGE 27E NMPM.

10. Field and Pool, or Wildcat
Artesia Grbg. SA

15. Elevation (Show whether DF, RT, GR, etc.)

3566 GR

12. County

Eddy

16. 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 JOB ☐OTHER Bradenhead Test ☒ALTERING CASING ☐PLUG AND ABANDONMENT ☐

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.

Dug out old tubing head left on surface casing. Welded 4½ casing to old tubing head. Installed high pressure 2" valve. Swidged down with tapped ball plug and ½" needle valve above ground level. Shut in 24 hours before inspection. No pressure on surface casing or 4½ 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 Ben D. DavisTITLE Drilling SupervisorDATE August 28, 1980APPROVED BY B. W. WeaverTITLE OIL AND GAS INSPECTORDATE SEP 8 - 1980

CONDITIONS OF APPROVAL, IF ANY: