

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

DEC 7 '90

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11595
7. Lease Name or Unit Agreement Name Artesia Metex Unit
8. Well No. 23
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 ☒

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 N : 2410 Feet From The West Line and 330 Feet From The South Line

Section 19 Township 18S Range 28E NMTPM Eddy County

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

3562' 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: 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.

10-9-90 Pulled tubing, found 1 bad joint. Set cast iron plug with tubing at 1806'.
Raised tubing 1 joint, circ'd packer fluid. Tested backside to 350#, held
okay. Shut well in. Witnessed by Gary Williams, NMOC.

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

SIGNATURE Karen J. Lushman TITLE Production Clerk 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 DEC 19 1990

CONDITIONS OF APPROVAL, IF ANY: