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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.

NM 647

## 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 International - Yates	8. Firm or Lease Name State 647
3. Address of Operator P. O. Box 427, Artesia, New Mexico 88210	9. Well No. 201
4. Location of Well UNIT LETTER 0, 660 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 18 S. RANGE 28 E. NMPM.	10. Field and Pool, or Wildcat Artesia
15. Elevation (Show whether DF, RT, GR, etc.) 3553	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Fractured down 4 1/2" casing with 20,000 lbs. 20-40 sand and 5000 lbs. 10-20 sand in 830 bbls. lease crude oil. Flowed back 250 bbls. of load. Ran rods and tubing and put on pump. Now pumping load oil.

RECEIVED

JAN 22 1965

O. C. C.  
ARTESIA, OFFICE

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

SIGNED Ch. R. Appleton TITLE District Superintendent DATE January 19, 1965

APPROVED BY M. Armstrong TITLE MANAGER DATE JAN 22 1965

CONDITIONS OF APPROVAL, IF ANY: