NO. OF COPIES RECEIVED	6	- '		Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103	
SANTA FE	1/	NEW MEXICO OIL CONS	Effective 1-1-65	
FILE	V-			
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State Fee X
OPERATOR	4			5. State Oil & Gas Lease No.
		_		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OF TO BEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
OIL GAS WELL WELL	7, Unit Agreement Name			
2. Name of Operator Yates Petroleum Corporation				8. Farm or Lease Name Wilkinson "AZ"
3. Address of Operator				9. Well No.
309 Carper Building - Artesia, New Mexico 88210 4. Location of Well				1
UNIT LETTER N 2310 FEET FROM THE West LINE AND 990 FEET FROM				10. Field and Pool, or Wildcat Penasco Draw S.A. Yeso
South				
mmmm	77777	15. Elevation (Show whether	DE RT CR etc.	12. County
		3462 GL		Eddy
16.	Check	Appropriate Box To Indicate N	ature of Notice, Report or C	ther Data
NOTIO	CEOFI	NTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	7	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	าี		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	7	CHANGE PLANS	CASING TEST AND CEMENT JOB	Table And Admitstration
_	_		OTHER	
OTHER				
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 1 103.				
,				
_			.	
We plan to drill this well deeper than the proposed total depth of 4000'				
submitted on the Amended report 5-18-67 to an approximate total depth of				
5200' to test the Abo.				
5200				
				•
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·				AY 3 1 1987
		•		O. G. G. Teb:a. <i>cepide</i>
			An	6. Sept seem 8.2. 3.20 COUNTY OF STEERING
18. I hereby certify that the	informatio	n above is true and complete to the best of	of my knowledge and belief.	
in Pr	2.		Agent	5 -2 9-67
SIGNED // L	mis	droug TITLE	3	DATE
		1 4		
21,	()		OIL AND GAS INSPECTOR	MAY 31 19 67
APPROVED ST		TITLE		

CONDITIONS OF APPROVAL, IF ANY