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DISTRIBUTION	DF	CEIVED	Form C-103 Supersedes Old
SANTA FE /		NSERVATION COMMISSION	C-102 and C-103
F . Z	THE WEXTED OIL CO	NSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	1	AN 2 1963	
LAND OFFICE		· 19 1	5a. Indicate Type of Leane
OPERATOR /	0. c. c.		StateFee X
ARTESIA, OFFICE		5. State Oil & Cap Lease No.	
C1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
OO NOT USE THIS FORM F	JNDRY NOTICES AND REPORTS OF PROPOSALS TO BRILL OR TO DEEPEN OR PLU PLICATION FOR PERMIT - " (FORM C-101) FOR :	)N WELLS G BACK TO A DIFFERENT RESERVOIR.	
•••	PLICATION FOR PERMIT - " (FORM C-101) FOR :	SUCH PROPOSALS.)	
OIL X GAS WELL	OTHER-		7. Unit Agreement Name
L. It me of Operator			B. Firm or Louis Little
Yates Petroleum Corporation			Nix-Curtis "B H"
5. Altiress of Operator			9. Well No.
207 South 4th Street, Artesia, New Mexico			2
4. Location of Well			16. Field and Pool, or Wildow
UNIT LETTERP	. 330 FEET FROM THE East	990	Penasco Traw S A -Yeso
			"TTTTTTTTTTTT"
THE South	SECTION 25 TOWNSHIP 18	S 25 E	
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
11111111111111111111111111111111111111			Eddy ()
Che	eck Appropriate Box To Indicate	Nature of Notice Report or Or	ther Data
NOTICE	OF INTENTION TO:		T REPORT OF:
		333343211	. KEI OK! O!
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND DAMEN THE
POLL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	_	OTHER	
ОТНЕН			
.7. Describe Proposed or Complet	ted Operations (Clearly state all pertinent d	Use it a second size of the seco	
u ork) SEE RULE 1103.	the contract of the contract o	ctutes, and give pertinent dates, including	; estimated date of starting any proposed
~			
Spudded well - 121 hole at 7:00 a.m., December 27, 1967			
12 Charalay cartifu that the 1-to	action about in Land		
17, 1 moreoy certify that the inform	nation above is true and complete to the bes	t of my knowledge and belief.	
× 1		2	n ad
STORES	TITLE E	ngineer	Dec. 28, 1967

JAN 2 1968

CONDITIONS OF APPROVAL, IF ANY: