

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

+95F
Up

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-015-20134

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
K-2310

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.)

7. Lease Name or Unit Agreement Name

Lowe BK State

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER P&A

2. Name of Operator

YATES PETROLEUM CORPORATION ✓

8. Well No.

1

3. Address of Operator

105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat

Penasco Draw-San Andres-Yeso

4. Well Location

Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

Section 36 Township 18S Range 25E NMPM Eddy County

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

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: ☐

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.

Perforations: 1419-1523'.

Propose to plug and abandon well as follows:

- 1) Set CIBP 1350' and cap w/35' cement.
- 2) Circulate hole with mud laden fluid.
- 3) Spot 35 sx plug 1133-1033'. — Tag
- 4) Spot 10 sacks surface plug.
- 5) Install dry hole marker.
- 6) Clean and abandon location.

AUG 21 1992

O. C. D.
OFFICIAL RECORD

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

SIGNATURE *Juanita Goodlett*

TITLE Production Supervisor

DATE 8-20-92

TYPE OR PRINT NAME Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY *Person*

TITLE

DATE 9-8-92

CONDITIONS OF APPROVAL, IF ANY: