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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation /		8. Farm or Lease Name Nickson "BM"
3. Address of Operator 207 So. 4th Street - Artesia, New Mexico 88210,		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> , <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>950</u> FEET FROM <u>West</u> Lot 4 30 <u>18S</u> 26 E THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>18S</u> RANGE <u>26 E</u> NMPM.		10. Field and Pool, or Wildcat Penasco Draw S.A. Yesc
15. Elevation (Show whether DF, RT, GR, etc.) 3448' GR		12. County Eddy

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

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

It is our intention to perforate this well from 2296-2305' with 16 shots, then acidize with 500 gal 15% NE Acid.

RECEIVED

AUG 5 - 1969

ARTESIA OFFICE

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

SIGNED H. D. Apple

TITLE Prod. Supt.

DATE 8-4-69

APPROVED BY W. P. Gressett

TITLE OIL AND GAS INSPECTOR

DATE 8-4-1969

CONDITIONS OF APPROVAL, IF ANY: