Submit 3 Copies to Appropriate District Office

## State of New Mexico nerals and Natural Resources Department Energy

Form	C-103
Revis	ed 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-015-21734

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

PULL OR ALTER CASING

OTHER:

Santa Fe, New Mexico 87504-2088

6. State Oil & Gas Lease No.

RECEIVED

5. Indicate Type of Lease FEE XX STATE

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

OCT 2 3 1991

<u> </u>				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLANT DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name			
1. Type of Well:	Dayton FO			
OIL GAS WELL OTHER				
2. Name of Operator YATES PETROLEUM CORPORATION	8. Weil No. 1			
3. Address of Operator	9. Pool name or Wildcat			
105 South 4th St., Artesia, NM 88210	Atoka San Andres			
4. Well Location  Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line				
Section 28 Township 18S Range	26E NMPM Eddy County			
Section 10 Missip 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3406 'KB				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
	EDIAL WORK ALTERING CASING			
<b>!</b>	IMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
CAS	CASING TEST AND CEMENT JOB			

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.

Propose to plug and abandon well as follows:

- 25 sx Class "C" 1505-1255'. Tag plug.
- 25 sx Class "C" 1215-965'. Tag Show Plug

OTHER:

- 10 sx Class "C" 147'-surface.
- 4. Cut off well head. Weld on dry hole marker.

bel Botwee	on All Plugs	
I hereby certify that the information above is true and complete to the best of n	ny knowledge and belief.	
I hereby certify that the information above is true and complete to the best of its	mre Production Supervisor	DATE
TYPEOR PRINT NAME Juanita Goodlett		TELEPHONE NO. 505/748-1471
TTPORPATION		
(This space for State Use)	TID Ra	DATE 11/12/191

CONDITIONS OF APPROVAL, IF ANY: