Submit 3 Copies to Appropriate District Office

State of New Mexico finerals and Natural Resources Department Energ

Form C-103
Revised 1-1-8

NOV 1 8 1994

- DATE -

DISTRICT			
00 Dec 1000	Unhhe	NM	99240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-015-23132

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

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease FEE X

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR POPULATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well:	Lewis MW
WELL X WELL OTHER	8. Well No.
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 1
3. Address of Operator	9. Pool name or Wildcat
105 South Fourth Street - Artesia, NM 88210	Atoka Glorieta Yeso
4. Well Location	
Unit Letter : Feet From The	Line and Feet From The Line
	County
SWNW Section 33 Township 18S Range 10. Elevation (Show whether DF.	ZUE WINN Eddy
Check Appropriate Box to Indicate Nat	ure of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON X R	EMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS C	OMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
	ASING TEST AND CEMENT JOB
TOLE OTTALLET OF TOTAL	
OTHER:	THER:L
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and g	ive pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	· • • • • • • • • • • • • • • • • • • •
Propose to plus and shandan as follows:	
Propose to plug and abandon as follows:	Apr .
1. Set a CIBP at 2700' and cap with 35' of came	nt.
2. Set a 100' (25 sacks minimum) cement plug ac	ross 7" casing shoe at 1084'.
3. Set a 10 sack surface plug.4. Install regulation abandonment marker.	x 1
4. Install regulation abandonment marker. هن المحافقة ال	
NOTIFY OCD - ARTESIA (748-1283) 24 HOURS PRIOR T	O COMMENCING PLUGGING OPERATIONS.
	- · ·
	·
I hereby certify that the information above is true and complete to the best of my knowledge and bel	id
	Production Clerk
SIONATURE & WORLY COMMENTED TITLE	505-748-1471
TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO.
(This space for State Use)	NOV 1 9 1004

SUPERVISOR. DISTRICT IL

APPROVED BY -