Submit 3 Copies to Appropriate District Office

DISTRICT

DISTRICTI

4.

11.

Form	C-103
Revis	ed 1-1-89

State	Of MEN MICTICO		
Energ linerals and	Natural Resources	Department	_

OIL	CONSERVATION DIVISION
	D O D == 2000

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

	30-015-23182	 	
5.	Indicate Type of Lease STATE	FEE	X

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

P.O. Box 1980, Hobbs, NM 88240

6. State Oil & Gas Lease No.

WELL API NO.

LOO NOT HEE THE F	NDRY NOTICES ANI ORM FOR PROPOSALS T ERENT RESERVOIR. US (FORM C-101) FOR	TO DRILL OH TO D IE "APPLICATION F	OR PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: OLL WELL X	GAS WELL	OTHER	•	Dowell MV
2. Name of Operator			1011 16 !94	8. Well No. 2
YATES PETROL 3. Address of Operator	EUM CORPORATION		C.D.	9. Pool name or Wildcat

105 South Fourth Street - Artesia, NM 88210	OFFICE Atoka Glorieta Yeso
Well Location	Fact From The Lin
Unit Letter : Feet From The	Line and real riom the

Eddy County 18S Range NWSE Section Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO:

ALTERING CASING XX REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMEN COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB

PULL OR ALTER CASING OTHER: 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.

Propose to plug and abandon as follows:

- Set a CIBP at 2650' and cap with 35' of cement.
- Set a 100' (25 sacks minimum) cement plug across 7" casing shoe at 1085'.
- Set a 10 sack surface plug.
- Install regulation abandonment marker.

NOTIFY OCD - ARTESIA (748-1283) 24 HOURS PRIOR TO COMMENCING PLUGGING OPERATIONS.

I hereby cerufy that the information above is true and complete to the best of my knowledge and belief. Production	Clerk 11-14-94
SIONATURE I WILL INTE	505-748-1471 TELEPHONE NO.
TYPEOR PRINT NAME Rusty Klein	

(This space for State Use)

SUPERVISOR. DISTRICT IL

NOV 1 8 1994

APPROVED BY --