

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

AUG 05 1983

O. C. D.
ARTESIA, OFFICE

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator

Yates Petroleum Corporation ✓

2. Address of Operator

207 S. 4th, Artesia, New Mexico 88210

3. Location of Well

UNIT LETTER H, 1650' FEET FROM THE North LINE AND 990' FEET FROM
THE East LINE, SECTION 21 TOWNSHIP 18S RANGE 26E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Dayton "EZ"

9. Well No.

2

10. Field and Pool, or Wildcat

Atoka/San Andres

15. Elevation (Show whether DF, RT, GR, etc.)

3353' GL

12. County

Eddy

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

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

16. 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.

Change casing point from 1150' to 950', 4 1/2" casing will be circulated to surface. (Per Larry Brooks) 7"

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

SIGNED Cy Cava TITLE Regulatory Agent

DATE 8/1/83

Original Signed By
Leslie A. Clements

APPROVED BY _____ TITLE Supervisor District II

DATE AUG 08 1983

CONDITIONS OF APPROVAL, IF ANY: