

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION  
P. O. BOX 2098  
SANTA FE, NEW MEXICO 87501  
**RECEIVED BY**  
**OCT 13 1983**  
**O. C. D.**  
**ARTESIA, OFFICE**

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Platt "PA"
3. Address of Operator 207 S. 4th, Artesia, New Mexico 88210	9. Well No. 8
4. Location of Well UNIT LETTER <u>N</u> <u>430</u> FEET FROM THE <u>South</u> LINE AND <u>2260</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat Und. Atoka Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3310' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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 program from: 9 1/2" hole; 7" csg; 20# @925'  
6 1/4" hole; 4 1/2" csg; 10.5# to TD.  
to: 12 1/4" hole; 8 5/8" csg; 24# @1100'  
7 7/8" hole; 4 1/2" csg; 9.5# to TD.

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

SIGNED Deborah L. Wilkerson TITLE Regulatory Secretary DATE 10/10/83

APPROVED BY \_\_\_\_\_ TITLE Original Signed By  
Leslie A. Clements DATE OCT 13 1983  
Supervisor District II

CONDITIONS OF APPROVAL, IF ANY: