## lubmit 3 Copies o Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89  $+q_{i}^{b}$ 

<u>)ISTRICT I</u> '.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-015-26137 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease O. Drawer DD, Artesia, NM 88210 STATE X FEE L DISTRICT III 6. State Oil & Gas Lease No. 000 Rio Brazos Rd., Aztec, NM 87410 V - 1152SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL Desana Unit WELL OTHER P&A RECEIVED Name of Operator 8. Well No. YATES PETROLEUM CORPORATION 9. Pool name or Wildcat . Address of Operator 105 South 4th St., Artesia, NM 88210 Wildcat . Well Location SEARCH WELLCE Line and 1980 East G . 1980 Feet From The North Feet From The Line Eddy 24E 17 **NMPM** Township Range County Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3808' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: X ALTERING CASING ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. **EMPORARILY ABANDON** CASING TEST AND CEMENT JOB **ULL OR ALTER CASING** THER: 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 well as follows: Circulate hole with mud with LCM as needed, from 8250'. Pump plug #1 from 8250' to 3700' in stages, as needed. WOC and tag plug. Plug must be 50' above Abo. Pump plug #2 from 1800' to 1050' in stages as needed. 3) Pump plug #3 from 310' to surface. Set dry hole marker and clean location. NOTIFY NMOCD, ARTESIA, NM, 24 HOURS IN ADVANCE OF PLUGGING OPERATIONS. See attached sketch. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TIME Production Supervisor DATE 7-23-92 ollett SIGNATURE TELEPHONE NO. 505/748-1471

TYPEOR PRINT NAME

JUANITA GOODLETT

(This space for State Use)

ORIGINAL SIGNED BY
MIKE

APPROVED BY
SUPERVALL OF SIGNET IN TITLE

DATE

		' \AGL:'	CASING PROGRAM:	
(B:'	ORIG. DRLG.,	/COMPL. DATE:		PTH S
OMMENTS:	PLUGGING	PROCIEDURE	SIZE/WT./GR./CONN. DEI	260
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			5±" 17# J-65	6104
			15.54 J-55 17# J-55	835
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