

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

4151  
Op+

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.  
30-015-26967

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-9891

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
YATES PETROLEUM CORPORATION

MAR 27 1992

O. C. D.  
ARTESIA OFFICE

3. Address of Operator  
105 South 4th St., Artesia, NM 88210

7. Lease Name or Unit Agreement Name

West Dayton AJR State Com

8. Well No.  
1

9. Pool name or Wildcat  
Und. West Atoka Morrow

4. Well Location  
Unit Letter N : 990 Feet From The South Line and 2310 Feet From The West Line

Section 16 Township 18S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3366' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒  
PULL OR ALTER CASING ☐  
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

Verbal permission obtained 3-26-92, from Mike Williams, NMOCD, Artesia, NM, by Dale Kelton, YPC, to change casing program as follows:

Size of hole - 12-1/4"  
Size of casing - 8-5/8" (permitted as 9-5/8")  
Weight per foot - 24# (permitted as 36#)

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 3-26-92  
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

MAR 30 1992

APPROVED BY SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: