

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
E. gy, Minerals and Natural Resources Departmen.

Form C-103  
Revised 1-1-89

151-  
80

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. 30-015-20128
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Carl "TP" Com.
8. Well No. 2
9. Pool name or Wildcat Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3695 GR

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Re-entry
2. Name of Operator Yates Petroleum Corporation ✓
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210
4. Well Location Unit Letter <u>K</u> : <u>2220</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line Section <u>22</u> Township <u>20 South</u> Range <u>24 East</u> NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3695 GR

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Name Change <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Please note the name change:

FROM: Carl "YB" Com. #2

TO: Carl "TP" Com. #2

Post IO-3  
2-2-90  
plug well name

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>Ken Beardemphl</u>	TITLE <u>Landman</u>	DATE <u>1-23-90</u>
TYPE OR PRINT NAME <u>Ken Beardemphl</u>		(505)
		TELEPHONE NO. <u>748-1471</u>

(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	TITLE _____	DATE <u>JAN 30 1990</u>
APPROVED BY _____			
CONDITIONS OF APPROVAL, IF ANY: _____			