Submit 3 Copies to Appropriate District Office

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

Form C-103
Revised 1-1-89

WELL API NO.

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II Santa Fe. New Mexicond Addition 88				
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	P 1 8 1992	6. State Oil & Gas Lease No. B-10716		
SUNDRY NOTICES AND REPORTS ON WE	Q. C. D.			
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PE		7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well:				
OIL CAS WELL OTHER	!	Caroline State		
2. Name of Operator		8. Well No.		
Yates Drilling Company (		8		
3. Address of Operator		9. Pool name or Wildcat		
105 South 4th Street, Artesia, NM 88210	!	E. Millman-Seven Rivers		
4. Well Location				
Unit Letter D: 660 Feet From The North	Line and 33	BO Feet From The West Line		
		NMPM Eddy County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
<del> 7</del>		•		
NOTICE OF INTENTION TO: SUB		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CE	EMENT JOB		
OTHER: Change of Operator X	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.				
Effective 9/1/92 Operator changed from	S.P. Yates			
105 South 4th		Street		
	Artesia, NM			
Operator changed to	Yates Drilling	Company		
operator changes to	105 South 4th			
•	Artesia, NM 88210			
	ALLESIA, NM (	00210		
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I hereby certify that the information of the signature	ation above is true and complete to the best of my know	ledge and belief	DATE 9-15-92
TYPE OR PRINT NAME	*		TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY	:	
APPROVED BY	MIKE WILLIAMS SUPERVISOR, DISTRICT IF		SEP 2 1 1992