## Submit 3 Copies to Appropriate District Office

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

Form	C-	103	į
Revis	ed :	1-1-	-8

- DATE -

Form	C	-10	3
Revis	ed	1-1	-89

P.O. Box 1980, Hobbs, NM 8824	OIL CONSERVA P.O. Bo		WELL API NO.
DISTRICT II	Santa Fe, New Me		30-015-21705
P.O. Drawer DD, Artesia, NM 88	210 Sama 1°C, New Me	, v	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410		6. State Oil & Gas Lease No.
	NOTICES AND REPORTS ON		
( 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.) RECEIVED		7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GA	S OTHER		Foster FF Com
2. Name of Operator YATES PETROLEUM CO	ORPORATION /	MAR 07 '89	8. Well No.
3. Address of Operator		0, 0.0.	9. Pool name or Wildcat
105 South 4th St.	, Artesia, NM 88210	ARTHS W. OFFICE	Cemetery Morrow Gas
4. Well Location  Unit Letter:	1980 Feet From The South	Line and 1980	Feet From The East Line
Section 1	Township 20S	Range 24E	NMPM Eddy County
Section 1		Range 24E thether DF, RKB, KT, GR, etc.)	NMPM Eddy County
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	//////////////	583' GR	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. C	heck Appropriate Box to India		leport, or Other Data
	F INTENTION TO:		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER: Postpone work		X OTHER:	
Refer to reconding to the second seco	mpletion notice dated Ju · ic conditions in the oil and recomplete well in lans to do this recomple	une 15, 1987 and ap L and gas industry, Canyon has not bee etion at a future d	proved by NMOCD, Artesia, NM,  proposal to abandon Morrow n done. Yates Petroleum ate, hopefully within the
I hereby certify that the information at	ove is true and complete to the best of my knowle	odge and belief.	
XX	X	Production S	upervisor DATE 3-6-89
SIGNATURE JULIAN	ianita Goodlett		TELEPHONE NO. 505/748-147
TIPE OR FAIRT NAME			
(This space for State Use)	Original Signed By		MAR 1 3 1989

- TITLE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-