NO. OF COPIES ACCEIVED	3	· ~		Form C-103
DISTRIBUTION			_	Supersedes Old C-102 and C-103
SANTA FE / NEW MENICO OF LONS ER ATION COMMISSION			Effective 1-1-65	
FILE	FILE / / V			
u.s.g.s.		APR 2 1 1977		\$a. Indicate Type of Lease
LAND OFFICE		1377		State X Fee
OPERATOR	111	D. C. C.		5. State Oil & Gas Lease No.
ARTESIA, OFFICE				K-6596
SUNDRY NOTICES AND REPORTS ON WELLS too not use this form for proposals to delice on to deepen up flug dack to a different reservoir. use "application for permit -" (form C-101) for such proposals.)				
1. OIL T. GAS		•		7. Unit Agreement Name
WELL A WEL	. 🗀	OTHER-		
Yates Petroleum Corporation .				8. Form or Lease Name State HA
3. Address of Operator	9. Well No.			
207 South 4th Street - Artesia, NM 88210				1 1
4. Location of Well				10. Field and Pool, or Wildart Und
UNIT LETTER 0		660 FEET FROM THE South	LINE AND 1980 FEET FROM	Artesia Grayburg
THE East	LINE, SEC	ON 2 TOWNSHIP 19S	RANGE 28E NMPM.	
	11111	15. Elevation (Show whether DF		12. County
			3433' GR	Eddy
Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ASANDON	Ī		OMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING]	CHANGE PLANS	ASING TEST AND CEMENT JOB	
			OTHER	
GTHER				
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed				
work) SEE RULE 1 103.				
TD 347' - Ran 9 joints of 13-3/8" 61# (295') of casing set at 298'. Could not get any deeper w/pipe. Cemented w/150 sacks of Class C cement. Cement circulated 10 sacks to surface. PD 12:00 noon 3-19-77. WOC.36 hours. Bailed hole dry and tested for 1 hour. OK, reduced hole to $12\frac{1}{4}$ " and resumed drilling after drilling plug.				
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
A /				
Geol. Secty DATE 4-20-77				

SUPERVISOR DISTRICT II

APR 2 2 1977

CONDITIONS OF APPROVAL, IF ANY