STATE OF NEW MEXICO		•	
LERGY AND MINERALS DEPARTMENT		-;	
wa, or contractives		TION DIVIREC. ED	Form C-103
DISTRIBUTION	P. O. BOX SANTA FE, NEW	2088	Revised 10-1
SANTA FE	SANTA FE, NEW	MEXICO 87501	
PILE ! /	•	SEP 3 198	5a. Indicate Type of Lease
U.S.O.S.			State X Fee
LAND OFFICE .		O. C. D.	5. State Oll & Gas Lease No.
OPERATOR		ARTESIA, OFFICE	OG 783
			mmmmmm.
SUNDRY NO	TICES AND REPORTS ON YOUR DELLE BA	WELLS	
USE "APPLICATION FOR	PERMIT -" (FORM C-101) FOR SUCH	PROPOSALS.)	7. Unit Agreement Name
OU GAS G			7. Ont Agreement Nume
	HEN-		
me of Operator			8. Farm or Lease Name
Yates Petroleum Corpor	ation 🗸		Greasewood BD State
iress of Operator			9. Well No.
207 South 4th Street,	Artesia New Mexico	88210	8
cation of Well	AI tesia, New Mexico	00210	10. Field and Pool, or Wildcat
	0 37	000	Penasco Draw Yeso, SA
UNIT LETTER E 231	O PEET FROM THE North	LINE AND YYU FEE	777777777777777777777777777777777777777
	_		
THE West LINE, SECTION	5 TOWNSHIP 19S	RANGE 25E	NMPM. (
	15. Elevation (Show whether I		12. County
	<b>//</b> 3	603 GR	Eddy
	priate Box To Indicate N	ature of Notice Papart	or Other Data
			QUENT REPORT OF:
NOTICE OF INTEN	TION 10:	SUBSEC	MENT REPORT OF:
			<b>¬</b>
ORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PORARILY ABAHDON		COMMENCE DRILLING OPNS.	PLUG AND A BANDONMENT
OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB   Install I	Dimping Equipment
	į	OTHER	emiliarid eduthmenc
THER		Late m	
Describe Proposed or Completed Operation	as (Clearly state all pertinent deta	ils, and give pertinent dates, in	cluding estimated date of starting any propo
work) SEE RULE 1103.	,		
Prior to installation of	the equipment, the we	11 produced 4 BO on	natural flow. After
		ii produced i bo on	
installation, the well pr	baucea 19 BO.		
•			
•			
		f on boardades and belief	
hereby certify that the information above	is true and complete to the best o	f my knowledge and belief.	
hereby certify that the information above			
hereby certify that the information above		f my knowledge and belief.  Oduction Superintend	dent9/2/81
hereby certify that the information above			dent_ DATE 9/2/81
hereby certify that the information above			•
thereby certify that the information above	TIYLE Pr		