- Submit 3 Copies to Appropriate District Office	State of New Mexico Energ., Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVED		Form C-103 Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-015-23636	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			<ul> <li>5. Indicate Type of Lease STATE X FEE</li> <li>6. State Oil &amp; Gas Lease No. LG 3998</li> </ul>	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				
SUNDRY NOTICES AND REPORTS ON WELLS. D.				
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEARTHEODY (DSRS) BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL	, other P&A		Hogback PO State Com	
2. Name of Operator YATES PETROLEUM CORPOR	ATION		8. Well No. 1	
3. Address of Operator 105 South 4th St., Art			9. Pool name or Wildcat Undesignated	
4. Well Location			· · ·	
Unit Letter C :660	Feet From The North	Line and 1980	Feet From The <u>West</u> Line	
Section 20	Township 19S Ra		NMPM Eddy County	
777777777777777777777777777777777777777	10. Elevation (Show whether			
	3764'			
	Appropriate Box to Indicate 1		· •	
NOTICE OF INT	FENTION TO:	SUE	SEQUENT REPORT OF:	
		REMEDIAL WORK		
	CHANGE PLANS			
PULL OR ALTER CASING				
DTHER:		OTHER:	L_	
Spot 25 sx Class "C" cer Spot 25 sx Class "C" cer TOOH with tubing and tie Class "C" cement t	5 sx Class "C" cement p ment plug 5000-4630'. forate $4\frac{1}{2}$ " casing at 3 ment plug 3725-3350'. ment plug from 1100-720 onto $4\frac{1}{2}$ " casing. Esta o fill the $4\frac{1}{2}$ " casing a additional cement if p between cement plugs.	70' w/4 SPF at 0' across 8-5/8 ablish circulat and 8-5/8" x 4½	90° phasing. Fill casing w/BW. " casing shoe. ion. Pump approximately 100 sx " casing annulus from	
Plugging procedure revi			ia, NM and Brian Collins, YPC.	
Plugging procedure revi-	ue and complete to the best of my knowledge an			
Plugging procedure revi- I hereby certify that the information above is the SIGNATURE Antita	ue and complete to the best of my knowledge an	d belief.	Supervisor DATE 2-21-91	
Plugging procedure revi- I hereby certify that the information above is the SIGNATURE Antita	Le find complete to the best of my knowledge and	d belief.		