## Submit 3 Copies to Appropriate District Office

State of New Mexico

Energy Ainerals and Natural Resources Department

Form C	-103
Revised	1-1-89

to Appropriate District Office	Elia [ , , , , , , , , , , , , , , , , , ,			W.		
DISTRICT	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.  30-015-23801  5. Indicate Type of Lease			
DISTRICT II						
DISTRICT III DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X  6. State Oil & Gas Lease No.			
						SUNDRY NOTICES AND REPORTS ON WELLS
( DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	IOPOSALS TO DRILL OR TO DEE: RVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	HEN OH HENG BACK TO Y	7. Lease Name or U	nit Agreement Name		
I. Type of Well:  OB. QAS  WELL X WELL	) oner		Rio Pena	sco KD Com		
Name of Operator	Name of Operator			8. Well No.		
YATES PETROLEUM CORPORATION			9. Pool name or Wildcat			
3. Address of Operator 105 South 4th St., Ar	tesia, NM 88210			Upper Penn,	North	
4. Well Location		66	O Feet From T	na East	Line	
Unit Letter A: 9	990 Feet From The North	Line and 00	rea rom	ine		
Section 11	Township 19S	Range 25E	NMPM	Eddy	County	
		ether DF, RKB, RT, GR, etc.)				
	Appropriate Box to Indic		Report or Other	<u>v / / / / / / / / / / / / / / / / / / /</u>	CILLIIII I	
		ate Nature of Nouce, i	BSEQUENT RE	PORT OF:		
NOTICE OF IN	ITENTION TO:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	r-1	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. L. I	PLUG AND ABANDO	ONMENT L	
PULL OR ALTER CASING		CASING TEST AND	CASING TEST AND CEMENT JOB			
отн <b>ея</b> : <u>Keep in TA Stat</u> u						
12. Describe Proposed or Completed Operark) SEE RULE 1103.						
TA (Tomporary Abando	poration respectfully on) Status for a per secondary recovery	Tod of one (T) he	ar, as offset	acreage is	•	
being evaluated 101				12 13 14 15 N	525	
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			4567	RECEIVED	212	
				JOD ARTESI	A 33/	
				1. A		
<u> </u>	s true and complete to the best of my knowle	whee and belief.				
I hereby certify that the information above is	to the pest of my knowle	Operations	Technician	DATE NOV.	12, 1997	
SKINATURE TUSLISH	year	mre	- <u> </u>	TELEPHONE NO.		
TYPE OR PRINT NAME RUSEY K16	ein .			TELEPHONE NO.	,05/140-14	

(This space for State Use)

ORIGINAL CONTROL OF CASE O

CONDITIONS OF APPROVAL, IF ANY: