State of New Mexico
E... .gy, Minerals and Natural Resources Departmei

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-26115

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
K-6385

SUNDRY NOTICES AND REPORTS ON WELLS
(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

Catclaw "AGM" St. Com

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

2. Name of Operator
Yates Petroleum Corporation

OCT 27 '89

3. Address of Operator
105 South Fourth Street

O. C. D.
ARTESIA, OFFICE

8. Well No.
1

9. Pool name or Wildcat
Und. Cemetary Morrow

4. Well Location

Unit Letter __F__ : __1980__ Feet From The __North__ Line and __1980__ Feet From The __West__ Line

Section __2__   Township __20 South__ Range __24 East__   NMPM   Eddy   County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3658' GL

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐		REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐		COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐	
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Change of Location ☐		OTHER: ☐	

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Change of Location—   From: 660' FNL & 1980'FWL

To: 1980' FNL & 1980' FWL

Plat attached.

Post ID-1
11-3-89
Amend Ftg.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE __Landman__   DATE __10-27-89__

TYPE OR PRINT NAME _____   TELEPHONE NO. _____

(This space for State Use)

OCT 3 0 1989

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: