1	-		LCÍ -		
Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural F		C S Form C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hodde, NM 88240	OIL CONSERVATIO)88	WELL API NO. 30-015-26915		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	DD, Artesia, NM 88210 Santa Fe, New Mexico		5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFPEN OF THE DECK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR DARMAT			7. Lease Name or Unit Agreement Name		
(FORM C 1. Type of Well: OIL CAS WELL X WELL	OTHER FEB	4 1997	Foster AN		
2. Name of Operator YATES PETROLEUM CORPORATION			8. Well No.		
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Dagger Draw Upper Penn, North		
4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line					
Section 1	Township 20S		NMPM Eddy County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3610' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUE			SEQUENT REPORT OF:		
		REMEDIAL WORK			
	CHANGE PLANS				
ULL OR ALTER CASING CASING TEST AND C					
OTHER:		OTHER: Remove lact unit X			
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	rations (Clearly state all persinent details,	and give persinent dates, inclu	iding estimated date of starting any proposed		

Effective January 28, 1997, this well is no longer selling thru the lact unit located at the Cooper AHH battery (SENW of Section 1-T2OS-R24E). Transporter will be: Amoco P/L Int. Trucking.

<u>A</u>		
I hereby certify that the information above is true and complete to the best of my knowle	ige and belief.	
SKONATURE Kusty Them	Operations Technician	DATE Feb. 3, 1997
TYPE OR PRINT NAME RUSTY Klein		телерноме но. 505/748-1471
(This space for State Use)		
ORIGINAL SIGNED BY TIM W. GUN		FEB 5 1997
APTROVED BY OISTRICT IL SUPERVISOR	TITLE	DATE
CONDITIONS OF AFFROVAL, IF ANY:		