	-15,5
Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resour	rces Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISIO	ON 30-015-26980
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	K 6385
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well X Gas Well Other	
2. Name of Operator	7. Well No.
Yates Petroleum Corporation	#6
3. Address of Operator	8. Pool name or Wildcat
105 S. 4 th Street Artesia, NM 88210	Dagger Draw Upper Penn, N.
4. Well Location	
Unit Letter I: 1830 feet from the South line and 890 feet from the East line	
Section 36 Township 19S Range 24E	NMPM Eddy County
10. Elevation (Show whether DR, RKB, RT	T, GR, etc.)
3589' GR	
11. Check Appropriate Box to Indicate Nature of N	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIA	AL WORK ALTERING CASING
TEMPORATE ADARBOTT	NCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING CEMENT	TEST AND JOB
OTHER: OTHER:	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
Propose to Temporarily Abandon this well for future use in secondary recovery efforts as follows: Set CIBP at 7650'. Cap with 35' cement.	
Load hole with 2% KCL with 1 gpt corrosion inhibitor.	
Pressure test casing to 500 psi and record with chart for 30 minutes.	
Submit chart to OCD.	
If casing fails pressure test, make decision on whether to look for ho	oles or Plug and Abandon.
I hereby certify that the information above is true and complete to the best of my	y knowledge and belief.
	ing Technician DATE May 1, 2002
Type or print name Susan Herpin	Telephone No. 505-748-1471
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APPPROVED BY Conditions of approval, if any: TITLE	Suld Sep D DAME AY 1 2000