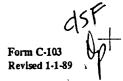
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

	5 P 1 16	07504 0000	30-013-27090	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	₹C5045088	5. Indicate Type of Lease  STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	SF	P - 8 <b>199</b> 3	6. State Oil & Gas Lease No. E-10167	
CUNDRY NOT	ICES AND REPORTS ON WEL	Q. C. D.		
DO NOT USE THIS FORM FOR PHODIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF -101) FOR SUCH PROPOSALS.)	OH PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER		Boyd "X" State Com	
2. Name of Operator	OTREK		8. Well No.	
YATES PETROLEUM CORPOR	ATION		2	
3. Address of Operator			9. Pool name or Wildcat	
105 South 4th St., Art	esia, NM 88210	·	North Dagger Draw U/Penn	
4. Well Location  Unit LetterL : 1980	Feet From The South	Line and 860	Feet From The West Line	
Section 29		0.5-	NMPM Eddy County	
	10. Elevation (Show whether		V/////////////////////////////////////	
	3532'	GR	<u> </u>	
11. Check	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data	
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	APORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			MENT JOB	
OTHER:	□	OTHER: Producing through LACT X		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, an	nd give pertinent dates, includ	ding estimated date of starting any proposed	
Well began producing at the Boyd X State (	through a LACT unit on Com #2 location, Unit L	September 2, 19 (NWSW) of Secti	993. LACT unit is located ion 29-T19S-R25E.	
Form C-106 will be for Automatic Custody Tra		a few days (Noti	ice of Intention to Utilize	
			•	
•				

<i>(</i> )			
I hereby certify that the info	rmation above is true and complete to the best of my	y knowledge and belief.	
SIGNATURE TUS	ty Then	TITLE Production Clerk	DATE Sept. 7, 1993
TYPE OR PRINT NAME	Rusty Klein		TELEPHONE NO. 505/748-1471
THEORIGINADAE	1,000)		
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		OCT 1 9 1993
APPROVED BY	SUPERVISOR, DISTRICT IT	тте	DATE