Subrait 3 Copies to Appropriate District Office

State of New Mexico Energy, ...nerals and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRI	CIL		

OIL CONSERVATION DIVISION

TAIR.					
P.O.	Box	1980,	Hobbs,	NM	88240

P.O. Box 2088

	30-	015-28631	
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WELL API NO.

DISTRICT II Santa Fe, New Mexico 87504	2088 30-015-28631			
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410				
1000 Rio Biazon Rd., Aziec, NM 8/410	6. State Oil & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	IG BACK TO A 7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well:				
OIL GAS WELL OTHER	Patrick API			
2. Name of Operator	8. Well No.			
YATES PETROLEUM CORPORATION /	. 2			
3. Address of Operator	9. Pool name or Wildcat			
105 South 4th St., Artesia, NM 88210 Dagger Draw Upper Penn, N				
4. Well Location				
Unit Letter G :1980 Feet From TheNorth I	ine and 1980 Feet From The East Line			
Section 9 Township 19S Range	25E NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
3519' GR	- VIIIIIIIIIIIIIII			
11. Check Appropriate Box to Indicate Nature	· • · · · · · · · · · · · · · · · · · ·			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	DIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMM	MENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASIN	IG TEST AND CEMENT JOB			
OTHER: OTHE	R: Producing thru lact unit X			

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.

This well is producing thru a lact unit located at the Patrick API battery, located in the NWNW (Unit D) of Section 10-T19S-R25E, Eddy Co., New Mexico. Began producing thru lact unit on September 3, 1996.

SEP 1 1 1996

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I hereby certify that the information above is true and complete to the best of my knowledge				
SIGNATURE LISTEN THE	. TITLE .	Operations Technician	DATE Sep	<u>t. 10, 199</u> 6
TYPE OR PRINT NAME Rusty Klein			TELEPHONE NO	505/748-1471
(This space for State Use) CASCAPIAL ASSESSED BY THE W. OURS			SEF	16 1996
WAS A STATE OF THE PROPERTY OF	TITLE -		DATE	· .
CONDITIONS OF APPROVAL, IF ANY:	*			