

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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.

30-015-30782

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-10716-1

7. Lease Name or Unit Agreement Name

Hubble "28" State

Com.

8. Well No.

1

9. Pool name or Wildcat

Undes Winchester Morrow

**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.)

1. Type of Well:

OIL

Well ☐

GAS

Well ☒

OTHER

2. Name of Operator

Yates Drilling Company

3. Address of Operator

105 S. 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section 28

Township 19S

Range 28E

NMPM

Eddy

County

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☒

☐

PULL OR ALTER CASING ☐

OTHER: ☐

☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB ☐

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 intermediate hole size to 11".



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

SIGNATURE

*Karen J. Leishman*

TITLE Engineering Technician

DATE 11-24-99

TYPE OR PRINT NAME Karen J. Leishman

TELEPHONE NO. 505-748-4500

(This space for State Use)

APPROVED BY

*Jim W. Gurn*

TITLE

*District Supervisor*

DATE

*12-1-99*

CONDITIONS OF APPROVAL, IF ANY: