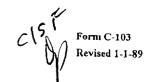
Alt 3 copies

Appropriate

District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT	Ī

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1. Type of Well:

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504 -2088 WELL API NO.

<u>30-015-3</u>1055

5. Indicate Type of Lease

STATE X

6. State Oil & Gas Lease No.

FEE

B-10716-1

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.)

CHANGE PLANS

	<i>uuuuu</i>	
7. Lease Name or U	nit A	greement Nani
Telescope	28	State
Com		

PLUG AND ABANDONMENT

OIL	GAS							
Well	Well X	OTHER						
2. Name of Operator Yates Drilli	ng Company 🗸					8. Well No.		
	h Street, Artes	sia, NM 88210				9. Pool name or Undes Wind	Wildcat chester	Morrow
4. Well Location Unit Letter G	. 1980	Feet From The North		Line and _	1650	Feet From The	East	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 INT	TENTION TO:				NT REPORT	ΓOF:	
PERFORM REMEDIAL V	vork 🗌	PLUG AND ABANDON	REM	MEDIAL WO			ING CASIN	G

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.

 \mathbf{X}

COMMENCE DRILLING OPNS.

OTHER:_

CASING TEST AND CEMENT JOB

Change Hole Size:

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:_

Intermediate hole size from 12½" to 11".

Change Intermediate Casing Depth:

Set 8 5/8" intermediate casing between 2950' - 3100'



Thomby consist about the transition of the same transition of the sa	1E0E 62 85 IT 30 28
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TOTAL CUSTOME TITLE Engineering TechnicianDATE	4-18-00
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM APPROVED BY DATE DATE	AR ES ZIII
CONDITIONS OF APPROVAL, IF ANY:	