Submit 3 Copies to Approoriate District Office	State of New Mexico Energy Derais and Natural Resources Department			CIST	Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED Santa Fe, New Mexico 87504-2088 AUG 1 9 1991			i w Ellis Al	PI NO. 15-22449		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				5. Indica	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		•	O. C. D.	<b>6. State</b> L-49	<b>Oil &amp; Gas Lease</b> 1 195	No.	
DIFFERENT RESE	ICES AND REPORTS ON OPOSALS TO DRILL OR TO DEE RVCIR. USE "APPLICATION FOF -101) FOR SUCH PROPOSALS.)	R PERN		7. Lease	Name or Unit Ag	greement Name	
1. Type of Weil: of L GAS WEIL WEIL	other P&	A		Citi	es JH St	ate	
2 Name of Operator YATES PETROLEUM CORPORATION				1	8. Well No. 1		
3. Address of Operator 105 South 4th St., Artesia, NM 88210					9. Pool name or Wildcat Undesignated		
4. Well Location Unit LetterE :220	05 Feet From The North			60	Feet From The		
Section 36	Township 21S	Rang		NMPM	Eddy	County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4612' GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
			REMEDIAL WORK				
	CHANGE PLANS						
PULL OR ALTER CASING							
OTHER:			OTHER:			[	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent deta	uils, and	give pertinent dates, in	cluding estimat	ied date of startin	g any proposed	

Well plugged as follows: Loaded hole w/9.0 ppg salt water gel. RIH to 3470'. Spotted 40 sx Class "C" cement from 3470-3350'. Pulled tubing to 1610'. Spotted 40 sx Class "C" from 1610-1507' to cover 8-5/8" casing shoe. Pulled up to 1300'. Reversed. WOC 4 hrs. Tagged plug 1486'. Pulled tubing to 170'. Spotted 50 sx plug to cover 13-3/8" casing shoe @ 111'. Cut off wellhead. Set regulation abandonment marker. Plugging completed 8-15-91.

Port ID-2 8-23-91 PJA I hereby certify that the information above is-true and complete to the best of my knowledge and belief. me Production Supervisor DATE 8-16-91 SIGNATURE **ТЕLEPHONE NO.** 505/748-1471 Juanita Goodlett TYPE OR PRINT NAME (This space for State Use) DATE 4/27/95 Till Rep

CONDITIONS OF AFTROVAL, IF ANY:

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APPROVED BY