

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 29 '88

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-79

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation ✓	8. Farm or Lease Name North Carlsbad OK Com
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>21S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat NE Happy Valley Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3131' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Perforate & treat additional Strawn</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Well presently completed in Strawn perforations 10117-10127'.
Propose to perforate and stimulate Strawn Lime at 10038-10046 and Strawn Sand at 9920-9927'.
Storage destroyed by fire will be replaced.

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

SIGNED Mike Williams TITLE Production Supervisor DATE 11-28-88

APPROVED BY Mike Williams TITLE Production Supervisor DATE DEC 6 1988

CONDITIONS OF APPROVAL, IF ANY: