Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Junerals and Natural Resources Department

Form C-1	103
Revised 1	-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

WELL API NO.

F.O. BOX 1960, 1100013, 1411 002 10	P.O. Box 2088  Santa Fe, New Mexico 87504-2088		30-015-24543			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE XX FEE			
ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. K-6854			
OUNDRY NOTICE	S AND REPORTS ON V	WELLS				
( DO NOT USE THIS FORM FOR PROPOSED DIFFERENT RESERVOR	SAIND REPORTS ON I SALS TO DRILL OR TO DEE R. USE "APPLICATION FOR FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agree	ment Name		
1. Type of Well: OIL GAS WELL X WELL	отнек Те	отня Тетрогат Fly Dbandon		Stonewall WM State		
2. Name of Operator YATES PETROLEUM CORPORATION	ION 🗸	FEB 1 7 1992	8. Well No.			
3. Address of Operator 105 South 4th St., Artes:	ia, NM 88210	O. C. D.				
4. Well Location		000	ъ	ast		
Unit Letter P: 480	Feet From The South	Line and 990	Feet From The	Line Line		
Section 30	Township 20S	Range 28E ether DF, RKB, RT, GR, etc.)	NMPM Eddy	County		
	////	243 GR	<i>\\\\\\</i>			
11. Check App	propriate Box to Indica	ate Nature of Notice, R	eport, or Other Data			
NOTICE OF INTE		SUB	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:		OTHER: Temporal	OTHER: Temporarily Abandon X			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent deta	ils, and give pertinent dates, inclu	iding estimated date of starting a	ny proposed		
Well temporarily abandone 1) Set CIBP at 4900'. 2) Loaded hole and press 3) Dumped 35' cement on 4) Witnessed by NMOCD, A	sure tested well t CIBP. Pressure t	o 500 psi. o 500# for 30 minu	ıtes.			
Work began 12-4-91 - comp	leted 12-6-91.					
		dee and balief				
I hereby certify that the information above is true an	a complete to the best of my knowled	Production S	upervisor DATE	2-14-92		
TYPE OR PRINT NAME Juanita	Goodlett			PHONE NO. 505/748-14		
TIPE OR PRINT WASE						
(This space for State Use)		220Rp	DATE	3/14/92		
APPROVED BY		TITLE -		•		

12/96