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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	OIL CONSERVATIO		WELL API NO. 30-015-26156	<u></u>
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III SEP 25 '89		STATE FEE X		
1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D.			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELARSESIA, OFFICE (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.)				
			7. Lease Name or Unit Agreement Name	
I. Type of Well: OIL OAS WELL OAS WELL OAS	OTHER P	Ä	- Airport West AGL Com	
2. Name of Operator YATES PETROLEUM CORPORATION /			8. Well No. 1	
 Address of Operator 105 South 4th St., Artesia, NM 88210 Well Location 			9. Pool name or Wildcat Und. Happy Valley Morrow	
	Feet From The South	Line and 198	BO Feet From TheEa	st Line
20			P.1.1	
Section 29	Township 22S Ra		NMPM Eddy	County
		3342' GR		
1. Check A	Appropriate Box to Indicate N	Vature of Notice, Re	port, or Other Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT	OF:
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
ULL OR ALTER CASING		CASING TEST AND CE	_	
THER:		OTHER:	·	
 Describe Proposed or Completed Operat work) SEE RULE 1103. 	ions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any p	roposed
TD 11650'. Reached T Received verbal permi well as follows:	D 7:18 PM 9-18-89. ssion from Mike Willian	as, NMOCD, Artes	ia, NM, 9-20-89 to	P&A
	w/50 sxs Class H + .2%			
Plug #2 set at 10100' Plug #3 set 8400' w/4	w/50 sxs Class H + .2%	WR-15.	Ĺ	7+10-2
Plug #4 set 6400' w/5	r	ost ID-2 10-6-89 14A		
Plug #5 set 4900' w/50 sxs Class H Neat				10-6-81
Plug #6 set 2580' w/5) sxs Class H Neat			ryn
PLug #7 set 1700' w/50) sxs Class H Neat			
	set. Well turned over ing completed 9-21-89.	to rancher (Mr.	Rayroux) to be use	ed as
I hereby certify that the information above is true	Y			
skonature (anta T	and in m	Production Su	pervisor DATE	-22-89
TYPE OR PRINT NAME Juanita	Goodlett		TELEPHON	ENO. 505/748-1
(This space for State Use)				•••••••••••• <u>••</u> •••••••••
		a	DATE	
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