## Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Ainerals and Natural Resources Department Energ\_

Form (	C-103
Revise	d 1-1-89

Form C-103
Revised 1-1-89

District Office	- 217
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED	WELL API NO. 30-015-26625
DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210 MAR 6 1991	STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. LG 9280
SUNDRY NOTICES AND REPORTS ON WELLS  OF THE PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
. Type of Well: OIL GAS WELL X WELL OTHER	Mary AIV State
Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	Wildcat Delaware
. Well Location Unit Letter $\underline{G}:\underline{1980}$ Feet From The $\underline{\hbox{North}}$ Line and $\underline{19}$	P80 Feet From The East Line
Section 36 Township 21S Range 31E	NMPM Eddy County
Section 50 Township 2.15 Range 5.1.2.  Township 2.15 Range 5.1.2.  10. Elevation (Show whether DF, RKB, RT, GR, etc.)	V/////////////////////////////////////
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1. Check Appropriate Box to Indicate Nature of Notice	, Report, or Other Data
NOTICE OF INTENTION TO:	UBSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	LING OPNS. A PLUG AND ABANDONMENT
ULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, it work) SEE RULE 1103. Spudded 26" hole 4:30 PM 1-31-91. Set 40' of 20" conduct NMOCD, Artesia, NM, of spud. 2-17-91. Resumed working on location. Notified Gary Wig:00 AM 2-18-91.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE LATER DECALLED TIME Production  TYPE OR PRINT NAME Juanita Goodlett	1 Supervisor <u>Date 3-1-91</u> TELEPHONE NO. 505/748-1
SKONATURE ( A STATE ) OF ALLES THE Production	