Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL

 $\mathbf{X}\mathbf{X}$

2. Name of Operator

3. Address of Operator

Unit Letter _

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

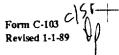
Section

4. Well Location

11.

OTHER:

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

GAS WELL

OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. LG 9280 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Mary AIV State OTHER 8. Well No. 3 YATES PETROLEUM CORPORATION 9. Pool name or Wildcat Und. Livingston Ridge Delaware 105 South 4th St., Artesia, NM 88210 Line and 1980 G . 660 Feet From The _ North Feet From The Line 31E Eddy County 21S **NMPM** Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3612.5' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN CHANGE PLANS CASING TEST AND CEMENT JOB

12. 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.

5-21-91 - Rex Gates, YPC, obtained permission from Darrell Moore, NMOCD, Artesia, NM to change casing program as follows:

12-1/4" hole FROM:

11" hole - set 8-5/8" casing and circulate as per APD TO:

I hereby certify that the inform	ation above is true and complete to the best of my knowled	ge and belief.	
5 \ X X X	inter Dan delett	mme Production Supervisor	DATE
SIONATURE)		505/7/8 1/7
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-147
	ORIGINAL SIGNED BY		
(This space for State Use)	MIKE WILLIAMS		MAV 4004
	SUPERVISOR DISTRICT IF	7TH F	DATE MAY 2 8 1991

CONDITIONS OF APPROVAL, IF ANY: