Submit 3 Copies to Appropriate District Office	State of New Mexico		Form C-103 CK- Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-25886. 25866
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JUL ¹ 5 1992 O. C. D.	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V-3589
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
Type of Well: OL WELL OL WELL OL WELL OL WELL OL WELL OL	OTHER		Pauline "ALB" State
Yates Petroleum Corpor	ation		8. Well No.
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210		9. Pool name or Wildcat	
4. Well Location Unit Letter :198	0 Feet From The South	Line and198	0 East . Feet From The Line
Section 32	Township 23 South R	ange 31 East	Eddy
	10. Elevation (Show whether 3370.5' GR	DF, RKB, RT, GR, etc.)	VMPM County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING	
ILL OR ALTER CASING CASING TEST AND C			
отнея: Perforate and Stim	ulate XX	OTHER:	
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.			
Notice of intent to pe as shown on the attach offset operators. Wit	erforate and stimulate ed completion procedum hin thirty days of con submit a commingling a laware production or w	the Bone Spring re. See also at ppleting the wel application with	and Delaware Formations tached waiver letters from 1, we will test the Bone an allocation formula
۰.		Former: Some OTB;	Ta Fa Do, - Sterling Selver 23*1 15,034 PX H 11-29-88
I hereby certify that the information above is true a sionature	nd complete to the best of my knowledge and t	Permit Agent	7-15-92
TYPE OR PRINT NAME Clifto	n R. May		DATE
MIKE WI			TELEFINONE NO. 748-1471
CONDITIONS OF AFFROVAL, IF ANY:	SOR, DISTRICT I	3	JUL 2 2 1992
THE ANY:			