

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-26205

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
VA-804

7. Lease Name or Unit Agreement Name

Angler "ALF" State

8. Well No. #1

9. Pool name or Wildcat
Undesignated Morrow

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER Re-Entry

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter N : 990 Feet From The South Line and 1880 Feet From The West Line
Section 36 Township 23 South Range 23 East Eddy NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4333.7

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Change Well Name ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

We wish to change the well name:

From: Angler "ANG" State #1

To: Angler "ALF" State #1

Thank you.

Post ID-3
2-8-94
chg lse name

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Ken Dearden

TITLE

Landman

DATE

5/13/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SUPERVISOR DISTRICT II

APPROVED BY

MAY 27 1994