

Submit 3 Copies
to Appropriate
District Office

Land Office		
Section		
County		

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
100Q Rio Brazos Rd., Aztec, NM 87410

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

OCT 15 '90

O. C. D.

WELL API NO. 30-015-26334
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sidewinder
8. Well No. 1
9. Pool name or Wildcat Und. Crooked Creek (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	2. Name of Operator Yates Energy Corporation	3. Address of Operator P. O. Box 2323, Roswell, NM 88202-2323	4. Well Location Unit Letter F : 2310 Feet From The North Line and 1980 Feet From The West Line Section 20 Township 24-S Range 24-E NMPM Eddy County 10. Elevation (Show whether DI, RKB, RT, GR, etc.) 4277.6 GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☒ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ 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.

9/8/90 Unseated pump and POOH w/pump and rods. Installed mastervlve.

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

SIGNATURE Sharon R. Hamilton TITLE Landman DATE 10/11/90
TYPE OR PRINT NAME Sharon R. Hamilton TELEPHONE NO. (505) 623-4931

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 30 1990

CONDITIONS OF APPROVAL, IF ANY: