Submit 3 Copies to Appropriate District Office	State of New Energy, verals and Natural	Mexico Resources Department	Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-26974	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-2597	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BLUE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR THE BUILD BACK TO A (FORM C-101) FOR SUCH PROPOSALS. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.				
i. Type of Well: OIL GAS WELL X WELL	OTHER	MAR 1 0 1995	Flora AKF State	
2. Name of Operator YATES PETROLEUM CORPO	RATION		8. Well No.	
3. Address of Operator		HE CON. DI	9.º Pool name or Wildcat	
105 South 4th St., Ar	tesia, NM 88210	DIST. 2	Lost Tank Delaware	
4. Well Location Unit Letter K: 1980 Feet From The South Line and 2310 Feet From The West Line				
Section 2	Township 22S	Range 31E	NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3528' GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUE		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	ER CASING CASING TEST AND CEMENT JOB		MENT JOB	
OTHER:		OTHER:	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 respectfully request permission to change the weight of the $13-3/8$ " casing to $48\#$ instead of $54.5\#$ as originally reported on the Application for Permit to Drill.				

Production Clerk

3-9-95

TELEPHONE NO. 505/748-1471

MAR 1 3 1995

signature 9

TYPE OR PRINT NAME

(This space for State Use)

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

ORIGINAL SIGNED BY TIM W. GLIM DISTRICT II SUPERVISOR

\ Rusty Klein