Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

2	F.
Form C-103 Revised 1-1-8	U)

DISTRICT I P.O. Box 1980, Hobbs NM 88240

OIL CONSERVATION DIVISION

	Revised 1-1-89	
ELL API NO. 0-015-27320	• •	•
Indicate Type of Lease		•

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic		30-015-27320
	Dimini 1 C, 11CW MICKIN	20 075042000	5. Indicate Type of Lease
DISTRICT III			STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410		·	6. State Oil & Gas Lease No. V-120
SUNDRY NOTICE	S AND REPORTS ON W	/ELLS	
I COO NOT OSE THIS FORM FOR BLODG	SALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(FORM C-101	IR. USE *APPLICATION FOR) FOR SUCH PROPOSALS.)	PERMIT	
1. Type of Well:	7. GIT GGGTT HOP GSAES.		·
OL. WELL XX WELL	OTHER	· · · · · · · · · · · · · · · · · · ·	Medano ''VA'' State
YATES PETROLEUM CORPORAT	ION		8. Well No. 12
3. Address of Operator 105 South Fourth Street,	Artesia, New Mexico	88210 JAN 17'95	9. Pool name or Wildcat Los Medanos Delaware
4. Well Location G 1980	North	2310	To a de
Unit Letter :	Feet From The	ZOIU Line and	East
16	23 South	31 East	Eddv
Section	Township	Range	MPM .
	10. Elevation (Show wheth	ver DF, RKB, RT, GR, etc.)	NMPM County
<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	3358' GR		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check App	propriate Box to Indicate	e Nature of Notice, Re	POOTL or Other Data
NOTICE OF INTER	ITION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
	_		
PULL OR ALTER CASING	_	CASING TEST AND CE	
PULL OR ALTER CASING OTHER: EXTEND APD		CASING TEST AND CE	MENT JOB
OTHER: EXTEND APD 12. Describe Proposed or Completed Operations		OTHER:	MENT JOB
OTHER: EXTEND APD 12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details,	OTHER:and give persinent dates, includ	MENT JOB
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I hereby certify that the information above is true and complete to the best of	f my knowledge and belief.	
SIGNATURE Cliffe R. May	PERMIT AGENT	1/12/95
TYPE OR PRINT NAME CLIFTON R. MAY		748-1471 TELEPHONE NO.

TTIT T