

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.
30-01527320

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
V-120

7. Lease Name or Unit Agreement Name

Medano VA State

8. Well No.
12

9. Pool name or Wildcat
Los Medanos Delaware

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 PETROLEUM CORPORATION

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico

4. Well Location

Unit Letter G : 1650 Feet From The North Line and 2310 Feet From The East Line
Section 16 Township 23 South Range 31 East NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3356' GR

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: Move location ☒

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.

Yates Petroleum Corporation wishes to move this well from its approved location of 1980' North and 2310' East to 1650' North and 2310' East. A new well plat is attached. (C-102). Yates plans to drill this well this summer after receiving approval of this move.

RECEIVED

JUN 11 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE

Clifton R. May

TITLE

Regulatory Agent

DATE

6-11-96

TYPE OR PRINT NAME

Clifton R. May

TELEPHONE NO 505-748-14

(This space for State Use)

Jim W. ...

District Supervisor

7-2-96