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

OIL	CONSER	VATION	DIVISION
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WELL API NO

P.O. Box 1980, Hobbs, NM 88240	x 1980, Hobbs, NM 88240 P.O. Box 2088		30-045-23452		
OISTRICT II Santa Fe, New Mexico 87504-2088 2.0. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease		
DISTRICT III	STATE XX FEE				
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-00005				
SUNDRY NOTIC					
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERV (FORM C-10	7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL OAS WELL XX	отнея			Chili AGY	State
2. Name of Operator YATES PETROLEUM CORPORA	TION	-		8. Well No.	
3. Address of Operator	aia NM 99210			9. Pool name or Wi	idcat ictured Cliffs
105 South 4th St., Arte	S1a, Nri 00210			Webe Ruez 1	Tecured office
Unit Letter C : 940	Feet From The Nort	h	Line and171	O Feet From	The West Line
16	Township 27N		12W	Sa	n Tuan
Section 10	IOMINID	Rai whether I	DF, RKB, RT, GR, etc.)	NMPM 5a	County
	////				<u> </u>
	ppropriate Box to Indi	icate I			
NOTICE OF INTE	ENTION TO:		SUB	SEQUENT R	=PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	GOPNS. 🔲 1	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CE	EMENT JOB	
OTHER: Propose to reconnect	gas well	X	OTHER:		·
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent de	etails, an	d give pertinent dates, inclu	ding estimated date of	starting any proposed
Yates Petroleum's Gas Ma to have well reconnected will need to set a new m Yates' is estimating tha	d to pipeline to e meter and reconnec	estab ction	lish production will depend on	from well.	El Paso Natural
Yates Petroleum Corpora	tion - Gas Marketi	ing C	ontact: David (505)	Lanning 748-1471-Ext	. 419
					MERSIC 1932
		· 			311 (31)
I hereby certify that the information above is true	and complete to the best of my know	ledge and			(Dis).
SIGNATURE Landa	Sollier	m	re Production S	upervisor	DATE <u>4-23-92</u>
TYPE OR PRINT NAME Juanita	Goodlett				TELEPHONE NO. 505/748-14
(This space for State Use)					
Original Signed by Fi	RANK T. CHAVEZ	тп	SUPERVISOR D	ISTRICT # 3	APR 2 7 1992
CONDITIONS OF APPROVAL, IF ANY:					•