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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
E-619-5

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. OIL WELL  GAS WELL  OTHER- Injection Well  
2. Name of Operator Yates Drilling Company  
3. Address of Operator 207 So. 4th St., Artesia, NM 88210  
4. Location of Well  
UNIT LETTER M 330 FEET FROM THE South LINE AND 990 FEET FROM  
THE West LINE, SECTION 2 TOWNSHIP 17S RANGE 34E NMPM.  
15. Elevation (Show whether DF, RT, GR, etc.) 4059 DF  
7. Unit Agreement Name Yates No. Vac. Unit  
8. Farm or Lease Name  
9. Well No. Tract 5 Well 2  
10. Field and Pool, or Wildcat Vac. (Gbg. S.A.)  
12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:      SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

17. 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.

Risers installed to surface w/H.P. valves inspected by  
Nathan E. Clegg, OCC, Hobbs, NM, 6-22-76.

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

SIGNED *Nathan E. Clegg* TITLE Engineer DATE 6-29-76

APPROVED BY NATHAN E. CLEGG TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: