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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Yates Petroleum Corporation | 8. Farm or Lease Name T-4 Cattle Co. |
| 3. Address of Operator 207 S. 4th, Artesia, New Mexico 88210 | 9. Well No. 1 23 |
| 4. Location of Well UNIT LETTER <u>M</u> <u>1320'</u> FEET FROM THE <u>South</u> LINE AND <u>1320'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>10N</u> RANGE <u>27E</u> NMPM. | 10. Field and Pool, or Wildcat Undesignated |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4311 GL | 12. County Quay |

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

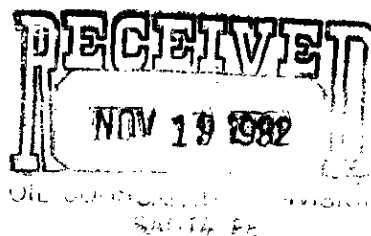
OTHER Change of Operator ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

18. 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.

Change of Operator from RKH Ltd. to Yates Petroleum Corporation.



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

SIGNED Cy Cavan TITLE Regulatory Coordinator

DATE 11/15/82

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: