Submit 3 Copies
to Appropriate
District Office

State of New Mexico
E   y, Minerals and Natural Resources Departmen.

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   RECEIVED
Santa Fe, New Mexico 87504-2088

NOV 14 '90

WELL API NO.
30-015-26467

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS   O. C. D.
(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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

Ceniza "AGZ" Com.

2. Name of Operator
Yates Petroleum Corporation ✓

8. Well No.
3

3. Address of Operator
105 South Fourth Street, Artesia, NM 88210

9. Pool name or Wildcat
Assoc. S. Dagger Draw Upper

4. Well Location

Unit Letter ____E____ : ___1980___ Feet From The ___North___ Line and ___660___ Feet From The ___West___ Line

Penn.

Section ___13___   Township ___20 South___ Range ___24 East___ NMPM   ___Eddy___ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3603' 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: ___Name Change___ ☒

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 change the name from Spanish Dagger "AID" Com. #2 to Ceniza "AGZ" Com. #3.

Post ID-3
11-16-90
chg. Well name

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

SIGNATURE _Clifton R. May_   TITLE __Permit Agent__   DATE __11-12-90__

TYPE OR PRINT NAME Clifton R. May   TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: