Submit 3 Copies to Appropriate District Office

State of New Mexico Energy Minerals and Natural Resources Department

Form C-103	,
Revised 1-1-89	L

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-005-61331

DISTRICT II
P.O. Drawer DD. Artesia, NM 88210

CONDITIONS OF APPROVAL, IF ANY:

Santa Fe, New Mexico 87504-2655EIVED

5. Indicate Type of Lesse
STATE FEE

P.O. Drawer DD, Artesia, NM	80210			AUC 0 ~]	STATE	FEE 🔲
DISTRICT III 1000 Rio Brazos Rd., Aziec, NI	M 87410			AUG () 7 199	6. State Oil & Gas	Lesse No.	563
I DO NOT USE THIS FORM	A FOR PROPOSA INT RESERVOIR	AND REPORTS ON LS TO DRILL OR TO DE USE "APPLICATION F OR SUCH PROPOSALS	EEPEN (OR PER	S ARTESIA, OFFICE OR PLUG BACK TO A	7. Lesse Name or Smernoff NI	Unit Agreement Nam	•
1. Type of Well: Oil. WELL	MEIT [отнек Р	&A		Jine 1110 21 111		
2. Name of Operator	CORPORATIO	NI			8. Weil No.	3	
YATES PETROLEUM 3. Address of Operator	CORPORATIO	'N			9. Pool name or V	Vildcat ope- Abo Gas	3
105 South 4th St	t., Artesia	, NM 88210			recos 51	ope Mbo da.	
4. Well Location		N = == +	h	660	East Cons	The West	Line
Unit LetterD	_: <u>660</u>	ect From The NOT L.	11	Line and660	rea rion	1 100	
Section 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ownship 5S	Rat whether L	oge 24E OF, RKB, RT, GR, esc.)	NMPM C	haves	County
		// <u>}</u>				<u> </u>	
11.	Check App	opriate Box to Ind	licate N	Nature of Notice, R	Report, or Other	r Data	
NOTICE	OF INTEN	TION TO:		SUE	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WOF	ak 🔲	PLUG AND ABANDON	x	REMEDIAL WORK		ALTERING CASIN	ig 📙
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLIN	G OPNS.	PLUG AND ABAN	DONMENT 📙
PULL OR ALTER CASING				CASING TEST AND C	EMENT JOB		
OTHER:				OTHER:			
12. Describe Proposed or Corwork) SEE RULE 1103. 1. 2. 3. 4. 5. 6.	Set cast Cut and s 30 sx c 30 sx cl 35 sx cl	iron bridge ploul1 approx. 24 lass "C" cement ass "C" cement ass "C" 930'-8 ass "C" 37' to well head. Well	lug ar 400' 2 2450'-1570'-10' ta surfa	on well as followed as followe	ows: at 3550'. (2 plug. ag. cer.		
	Cotal			M (/	495		
I hereby certify that the information	ation above is true and		T	me Production	Supervisor	DATE	6-91
TYPE OR FRINT NAME	Juanita					TELEPHONE NO	505/748-1
(This space for State 1596)	Dir		т	me Till	Rep	DATE	15/51