

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
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 208
Santa Fe, New Mexico 87504-2088

OCT 23 1991

O. C. D.
ARTESIA OFFICE

WELL API NO. 30-005-61338
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-4333
7. Lease Name or Unit Agreement Name Skinny QO State
8. Well No. 3
9. Pool name or Wildcat Undes. San Andres

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

2. Name of Operator
YATES PETROLEUM CORPORATION

3. Address of Operator
105 South 4th St., Artesia, NM 88210

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 16 Township 6S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3929.4' 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: ☐

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.

Propose to plug and abandon well as follows:

1. 35 sx Class "C" 1350-835'. Tag plug.
2. 10 sx Class "C" 147'-surface.
3. Cut off well head. Weld on dry hole marker.

* Note Gel Between Plugs

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 11/12/91
TELEPHONE NO. 505/748-1471
TYPE OR PRINT NAME Juanita Goodlett

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 11/12/91
CONDITIONS OF APPROVAL, IF ANY: