Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

2-17-92

TELEPHONE NO. 505/748-1471

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088RECEIVED Santa Fe, New Mexico 87504-2088

30-005-61338 5. Indicate Type of Lease STATEX FEE

WELL API NO.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	EB 1 9 1992	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		O. C. D.	6. State Oil & Gas Lease No. LG 4333
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.)			7. Lease Name or Unit Agreement Name Skinny QO State
1. Type of Well: OIL GAS WELL WELL	OTHER P&A		
2. Name of Operator YATES PETROLEUM CORPORATION	ION \		8. Weil No. 3 9. Pool name or Wildcat
3. Address of Operator 105 South 4th St., Artes:	La, NM 88210		Undes. SA
4. Well Location Unit LetterM : 660 Feet From TheSouth			
Section 16	Township 6S Ra	mge 25E	NMPM Chaves County
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT X CASING TEST AND CEMENT JOB			
PULL OR ALTER CASING	□	OTHER:	DEMENT 308
12. Describe Proposed or Completed Operations (Clearly state all perinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 2-10-92. MIRU. ND wellhead. NU BOP. POH w/44 jts 2-7/8" tubing. 2-11-92. Set CIBP at 1350'. Circulated hole with mud. Spot 35 sx cement at 1350'. POH with tubing to 147'. Circulated 10 sacks cement to surface. POH with tubing. Filled hole back with cement. Cut off wellhead. Installed dry hole marker. WELL PLUGGED AND ABANDONED.			

TYPE OR PRINT NAME (This space for State Use)

TIME Production Supervisor

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

SIGNATURE

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

Juanita Goodlett