| ENERGY AND MINERALS DEPARTMENT  |                                 |  |  |
|---|---------------------------------|--|--|
|   | OIL CONSERV                     | ATION DIVISIC RECEN                      | /FD  |
| DISTRIBUTION  | Р. О. ВС                        | OX 2088                                  | Forn C-103<br>Revised 10-1-7   |
| BANTAFE   | SANTA FE, NEI                   | W MEXICO 8750 MAR 10;                    | ACTISED 19-1-7   |
| U.S.G.S.  |                                 | MAR 1 0 1                                | 993a. Indicate Type of Lease   |
| LAND OFFICE   |                                 |  |  |
| OPERATOR  |                                 | O. C. D                                  | 5. State Oil 6 Gas Lease No.   |
|   |                                 | ARTESIA, OFF                             | LG-2463  |
| CLANDON NOT   | ICE C AND DEPORTS OF            |  | THE THE PARTY OF T |
| SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS FORM FOR PROPOSALS TO CHILL OR TO DELPTH OF PLUG BACK TO A DIFFERENT RESERVOIR.  USE MAPPLICATION FOR PERMIT - 11 FORM CHICILFOR SUCH PROPOSALS. |                                 |  |  |
| OIL 6AB WELL OTHE   | Plugback                        |  | 7. Unit Agreement Name   |
| Yates Petroleum Corporation   |                                 |  | 8. Farm or Lease Name Papalote OI State  |
| , Address of Operator   |                                 |  | 9. Well No.  |
| 207 South 4th St., Artesia, NM 88210  |                                 |  | 2  |
| , Location of Well  |                                 |  | 10. Field and Pool, or Wildcat   |
| UNIT LETTER M , 660   | FEET FROM THE Sout              | 1 LINE AND 660 FEET FR                   | Undesignated   |
| THE West LINE, SECTION 16   | TOWNSHIP 7S                     | HANGE 25E HMF                            |  |
|   | 15. Elevation (Show whethe      | r DF, RT, GR, etc.)                      | 12. County   |
|   | 3781' GR                        |  | 12. County<br>Chaves   |
| 6. Check Approp   | riate Box To Indicate           | Nature of Notice, Report or (            | Other Data   |
| NOTICE OF INTENT  |                                 |  | NT REPORT OF:  |
|   |                                 | 33532402                                 | THE ONLOW.   |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                | REMEDIAL WORK                            | ALTERING CASING  |
| TEMPORARILY ABANDON   |                                 | COMMENCE DRILLING OPNS.                  | <u></u>  |
| FULL OR ALTER CABING  | CHANGE PLANS                    | CASING TEST AND CEMENT JOB               | PLUG AND ABANDONMENT   |
| FULL OR ALTER CADING  | LHANGE PLANS                    |  |  |
| Plugback  | X                               | OTHER                                    |  |
|   |                                 |  |  |
| 7. Describe Proposed or Completed Operations  | (Clearly state all pertinent de | tails, and give pertinent dates, includi | ng estimated date of starting any proposed   |
| work) SEE RULE 1103.  |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
| Verbal permission obtain  | od from Mr. Rill C              | rossott OCD Artosia 1                    | 2_6_82 by Mr   |
| Al Springer, Yates Petro  |                                 |  | 0-0-02, by nr.   |
| 7D 41.50  | redm to set prugs a             | as follows.                              |  |
| • •   | 0 av Clasa "C" plu              | a 2% CaCl Tap of Abo                     |  |
| Plug #1: 3400-3700' w/5   |                                 |  |  |
| Plug #2: 1527-1727' w/5   | J SX Class "C" plus             | s 2% CaCl. Snoe of / .                   |  |
|   | 1115                            |  |  |
| Decision was made to eva  | luate well before               | final plugging.                          |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
| 8. I hereby certify that the information above is   | true and complete to the best   | of my knowledge and belief.              |  |
|   |                                 |  |  |
| sence with a will   | CIC TITLE EN                    | ngineering Secretary                     | 3-9-82   |
|   |                                 |  |  |
| 1100  |                                 |  | ana 🔊 - 🧸 - Š S S S S S S S.   |
| *PROVED BY Well Gress   | et title or                     | PERVISOR DISTRICT U                      | MAR 1 5 1932   |
|   | (5°1)                           | - 17/1 - 12 County                       |  |

STATE OF NEW WIENIGO