

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

State	
BLM	
Land Office	
B of M	
Operator	

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
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-005-62659

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 4928

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.)

RECEIVED

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

YATES PETROLEUM CORPORATION ✓

JUN 08 '89

8. Well No.

2

3. Address of Operator

105 South 4th St., Artesia, NM 88210

O. C. O.

ARTESIA, OFFICE

9. Pool name or Wildcat

Unites.
Roor Ranch Prepermian

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East Line

Section 31

Township 9S

Range 27E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3916' 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: Rig up rotary to drill to 6700' & ☒
test Ordovician.

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.

TD 2070'.

5-18-89. Moved out cable tools. Moved in Rotary tool rig. Started drilling new formation at 9:15 AM 5-20-89.

6-6-89. Drilling 6525'.

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 6-7-89

TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE AUG 29 1989

CONDITIONS OF APPROVAL, IF ANY: