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District Office

Santa Fe	<input checked="" type="checkbox"/>
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B of M	<input checked="" type="checkbox"/>
Operator	<input checked="" type="checkbox"/>

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DEC 6 '89

WELL API NO.	30-005-62716
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	L-6775
7. Lease Name or Unit Agreement Name	Seymour State Com
8. Well No.	2
9. Pool name or Wildcat	Foor Ranch (Pre-Permian)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3822.1 GL

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	YATES ENERGY CORPORATION
3. Address of Operator	P.O. 2323, Roswell, NM 88202-2323
4. Well Location	Unit Letter M : 1300 Feet From The West Line and 660 Feet From The South Line Section 18 Township 9-S Range 27-E NMPM Chaves County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Isolate upper perforations 6012'-6040' and test.
11-14-89 RD wellhead & nipple up BOP. POH w/pkr. & RBP.
11-15-89 TIH, set RBP @ 6041'. TIH w/ lock-set pkr, 4' sub, "on-off" tool
and 183 jts. tbg. Set pkr. w/8000# compression. RD and nipple up well
head. R.U. Swab unit. Swabbed 2 hrs., started flowing.
11-16-89 Well flowing into sales line.

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

SIGNATURE Sharon R. Hamilton TITLE Landman DATE 12-5-89
TYPE OR PRINT NAME Sharon R. Hamilton TELEPHONE NO. 623-4935

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE DEC 20 1989

CONDITIONS OF APPROVAL, IF ANY: