Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG 6319

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
YATES "36" STATE

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

8. Well No.
2

2. Name of Operator
BHP PETROLEUM (AMERICAS) INC.

9. Pool name or Wildcat
SAN ANDRES

3. Address of Operator
1360 POST OAK BLVD., SUITE 500, HOUSTON, TEXAS 77056-3020

4. Well Location
Unit Letter L : 1980 Feet From The SOUTH Line and 890 Feet From The WEST Line

Section 36 Township 10 S Range 26 E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3706.6 GL

11. 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]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		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.

5-2-95 SET CIBP @ 1640' - 10 sxs - 1493
5-2-95 SPOT 25 sxs @ 524 - 162
5-2-95 SPOT 5 sxs @ 30' - SURFACE

INSTALL DRY HOLE MARKER
CIRCULATE HOLE WITH 10# MUD

Post ID-2
7-7-95
Y+A

RECEIVED
JUN 12 1995
OIL CON. DIV.
DIST. 2

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

SIGNATURE Carl Kolbe TITLE Regulatory Affairs Representative DATE 6/7/95

TYPE OR PRINT NAME Carl Kolbe TELEPHONE NO. 713 961-842

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep DATE 12/28/96

CONDITIONS OF APPROVAL, IF ANY: