

CLSF  
VP

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

RECEIVED

APR 5 '90

|   |
|---|
| WELL API NO.<br>30 - 005 - 62753  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><br>SARDINE   |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat<br>W/C San Andres   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3898.2  |

**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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 2. Name of Operator<br>YATES EXPLORATION CO., INC. ✓  |
| 3. Address of Operator<br>P. O. BOX 0 ALBUQUERQUE, NM 87103  | 4. Well Location<br>Unit Letter C : 990 Feet From The NORTH Line and 2298 Feet From The WEST Line<br>Section 19 Township 9S Range 28E NMMPM CHAVES County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3898.2   |   |

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 type="checkbox"/>                      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                    |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input checked="" 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.

COMMENCED DRILLING AT 10:00AM THURSDAY, APRIL 5, 1990

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

SIGNATURE Thomas M. Kimball TITLE Landman DATE April 5, 1990  
TYPE OR PRINT NAME Thomas M. Kimball TELEPHONE NO. (505) 242-2050

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 16 1990

CONDITIONS OF APPROVAL, IF ANY: