State of New Mexico

Form C-103	5=
Revised 1-1-89	Up

MAR 1 4 1990

Submit 3 Copies 1 agy, Minerals and Natural Resources Departme to Appropriate District Office OIL CONSERVATION DIVISION **DISTRICT!** WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-62766 Santa Fe, New Mexico 87504-2088D DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Hancock "AHd"C GAS WELL X WELL OTHER 2. Name of Operator 8. Well No. Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcay 105 South Fourth Street, Artesia, New Mexico Well Location 660 Feet From The North Line and $_{-}1980$ Feet From The West Line thip 6 South Range 26 East 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township 6 South **NMPM** County Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** Х COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN **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. Yates received verbal OK from Darrel Moore to change our casing from 10 3/4" set at 950' to a 17 1/2" hole with 13 3/8" casing set at 300' with 300 sx cement circulated. Drill out with a 12 1/4" hole with 8 5/8" casing set at 950' with 500 sx cement circulated.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Permit Agent SIGNATURE (505)TELEPHONE NO. 748-1471 Clifton R. May TYPE OR PRINT NAME (This space for State Use) ORIGINAL SIGNED BY

CONDITIONS OF APPROVAL, IF ANY:

MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE CASING

- TITLE