Submit 3 Copies

State of New Mexico

c/51 -+	
Form C-103 \	
Form C-103 Revised 1-1-89	

o Appropriate District Office	Energy, Minerals and Natural Res	sources Department	Revised 1-1-89 V	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 MAR 202 '000		WELL API NO. 30-005-62773 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. LG 7990	
ISTRICT II O. Drawer DD, Artesia, NM 88210				
STRICT III 000 Rio Brazos Rd., Aztec, NM 87410				
SUNDRY NOT	ICES AND REPORTS ON WELL	LS and		
DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEEPENA RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A . MIT. OFFICE	7. Lease Name or Unit Agreement Name	
Type of Well: OIL GAS WELL WELL	oner Plugbac	:k	Wolf AHF State	
Name of Operator YATES PETROLEUM CORPO	DATT ON		8. Well No.	
. Address of Operator 105 South 4th St., Ar			9. Pool name or Wildcat Wildcat	
. Well Location				
Unit Letter A : 66	O Feet From The north	Line and660	Feet From The east Line	
Section 13	Township 9S Ran	nge 27E	NMPM Chaves County	
	10. Elevation (Show whether I			
	Appropriate Box to Indicate N	Nature of Notice, R	Report, or Other Data	
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT	
ULL OR ALTER CASING		CASING TEST AND C		
THER:		OTHER: Plugbac	<u>k</u> <u>X</u>	
12. Describe Proposed or Completed Operark) SEE RULE 1103.	rations (Clearly state all pertinent details, an	d give pertinent dates, incl	uding estimated date of starting any proposed	
TD 6660'. Reached TD	t, to plug back to 2500' 1/35 sacks Class C 1/35 sacks Class C 1/35 sacks Class C	btained from NN as follows:	MOCD, Artesia, NM by Gene	
I hereby certify that the information above is	true and complete to the best of my knowledge and	lbelief. Production	Supervisor DATE 3-21-90	

TELEPHONE NO. 505/748-1471Juanita Goodlett TYPE OR PRINT NAME ORIGINAL SIGNED BY (This space for State Use) MAR 2 6 1990 MIKE WILLIAMS SUPERVISOR, DISTRICT ! DATE _ TILE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-