State of New Mexico Energ Ainerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
1.O. DOX 2000	30-005-63052
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-2982
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
1. Type of Well: OIL GAS WELL OTHER CONVERT to SWD	Quincy AMQ State
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	Acme San Andres, Southeast
4. Well Location	1
Unit Letter G: 2310 Feet From The North Line and 2310	Feet From The <u>East</u> Line
	NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
3938 GR	anost or Other Data
Check Appropriate Box to Indicate Nature of Notice, R	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	EMENT JOB
OTHER: Convert to SWD X OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates, inclu	ding estimated date of starting any proposed
work) SEE RULE 1103.	
Propose to convert well to a SWD well as follows:	
1. Load well. POOH with rods and pump. Nipple down tree	and nipple up and test BOP.
POOH with production tubing. 2. TIH with nickel plated injection packer and 2-7/8" pla	stic coated tubing. Set packer
at 2100'±.	RECEIVED
3. Pressure test annulus.	RISSEIVED.
4. Begin disposal as soon as OCD approval is received.	
NOTE: NOTIFY OCD-ARTESIA (748-1283) 24 HOURS PRIOR TO COMMENCING OPERATIONS TAND IN SUFFICIENT TIME TO WITNESS MECHANICAL INTEGRITY TEST.	
	DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Fustin Flum mrs Production	Clerk <u>DATE</u> <u>July 10, 1995</u>
Rusty Klein	TELEPHONE NO. 505/748-1
TYPE OR PRINT NAME	
(This space for State Use)	
APPROVED BY IMP SUPERVISOR,	CHITRICT II DATE JUL 1 2 1995
CONDITIONS OF APPROVAL, IF ANY: G Kenson The Red Key H	
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