

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

WELL API NO.  
30-005-63206

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
LG-4334

7. Lease Name or Unit Agreement Name  
Sparrow SP State

8. Well No.  
7

9. Pool name or Wildcat  
Pecos Slope Abo

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3899' GR

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:  
OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator  
YATES PETROLEUM CORPORATION

3. Address of Operator  
105 South 4th St., Artesia, NM 88210

4. Well Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line  
Section 32 Township 6S Range 25E NMPM Chaves County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

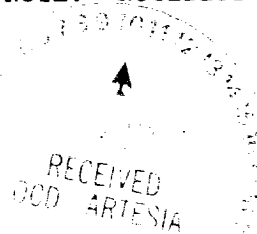
CASING TEST AND CEMENT JOB ☐

OTHER: Spud & conductor ☒

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.

Spudded a 22" hole with rat hole machine at 2:15 PM 10-20-99. Drilled to 40'. Set 40' of 16" conductor pipe. Cemented to surface. NOTE: Notified E. L. Gonzales with OCD-Artesia of spud.

TD 40'. Waiting on rotary tools.



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

SIGNATURE Rusty Klein TITLE Operations Technician DATE Nov. 8, 1999

TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-147

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 11-15-99

CONDITIONS OF APPROVAL, IF ANY: