## Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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CNN	Form C-103 Revised 1-1
	Revised I'I

DISTRICT 1	1		
P.O. Box 1980.	Hobbs.	NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II

WELL API NO.		
30-005-	-63253	
5. Indicate Type of Lease  STATE XX  FEE		
	SIMILED	FEE L

P.O. Drawer DD, Artesia, NM 88210	STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	6. State Oil & Gas Lease No.		
	V-4507		
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN) DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well:  OIL  WELL X  OTHER	RECENTESIA Samedan ATH State  8. Well No.		
2. Name of Operator	8. Well No.		
YATES PETROLEUM CORPORATION			
3. Address of Operator	9. Pool name or Wildcat		
105 South 4th St., Artesia, NM 88210	Wildcat Ordovician		
4. Well Location  Unit Letter P : 660 Feet From The South	Line and 660 Feet From The East Line		
Section 35 Township 10S Ra	nge 26E NMPM Chaves County		
Section 35 Township 10S Ra			
///////////////////////////////////////	5' GR ////////		
	Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB		
OTHER:	OTHER: Production casing & cement: X		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, as work) SEE RULE 1103.			
at 6179'. Bottom marker set at 4443'. Fump ahead of 700 sacks "C", 3% D-79, 1% S-1, 1/4 in with 450 sacks Pecos Valley Lite, 1#/sack	50!) of casing set at 6205'. Float collar set		
Waiting on completion unit.			
$\Omega$			
I hereby certify that the information above is true and complete to the best of my knowledge and			
mountille Tusting Ilun	ME Operations Technician DATE		
TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO. 505/748-147		
I THE OWNER I NAME			
(This space for State Use)			
SUPERVISOR, DISTRICT II	me		

CONDITIONS OF AFFROYAL, IF ANY: