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Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources AR District I Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WHILL API NO District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🖾 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Joe Kidd AWC State 1. Type of Well: Oil Well Gas Well Other Name of Operator V 8. Well No. YATES PETROLEUM CORPORATION Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 Wildcat Basement Well Location 1980' feet from the South line and 1000' feet from the East line Section Township 12S Range 27E **NMPM** County Chaves 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3759' 11. Check Appropriate Box to Indicate 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** MULTIPLE **CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: CHANGE OF LOCATION ΚX 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Yates Petroleum Corporation wishes to change the location for the captioned from: 660' FNL and 660' FWL to: 1980' FSL and 1000' FEL Thank you. I hereby certify that the information is true and complete to the best of my knowledge and belief. DATE July 24, 2000 Regulatory Agent **SIGNATURE** TITLE Type or print name Telephone No. (This space for State use) APPPROVED BY DATE

Conditions of approval, if any: