			161	
Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OH GONGERNAM		30-005-63307	
811 South First, Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of	of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE [
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & G	as Lease No.
87505			VA-2069	
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				CMD CLL-
PROPOSALS.)			Handicapper	2MD 2IGIG
1. Type of Well: Oil Well Gas Well	Other X SWD			
2. Name of Operator	Other A SWD		7. Well No.	
Yates Petroleum Corporation			#1	
3. Address of Operator			8. Pool name or Wildcat	
105 S. 4 th Street Artesia, NM 88210			SWD Ordovician	
4. Well Location				
Unit Letter B: 66	feet from the North	line and 1980	feet from the EC	ıst line
Section 3	Township 10S Range		иРМ Chave	es County
	10. Elevation (Show whether		c.)	l
11 (1)		21' GR		
	ppropriate Box to Indicate			
NOTICE OF IN	TENTION 10:	SUB	SEQUENT RE	ALTERING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	KK	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ND	ABANDONWENT
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:		
Describe proposed or completed of	perations. (Clearly state all per	tinent details, and give	pertinent dates, inch	iding estimated date of
starting any proposed work). SEE recompilation.	ROLE 1103. For Multiple Con	pletions: Attach wellt	ore diagram of prop	osed completion or
Yates Petroleum Corporation	respectfully requests to ch	nange the name of	the well effectiv	e 6/5/01
raios i direitorii. Gorporanori	100,000,000,000,000,000,000,000	.a. go mo namo o		0 0,0,0
From: Handicapper AWI Stat	e #1			
To: Handicapper SWD #1			يُعر	2 198703
Thankiyou				
Thank you			₹, ^f	*
				RECEIVED
			-	CO ARTESIA
I hereby certify that the information	n above is true and complete to	the best of my knowle	dge and belief.	· · · · · · · · · · · · · · · · · · ·
11.		•		
SIGNATURE AND M	TITLE _	Engineering Tec	hnician DATE	<u>January 8, 2002</u>
Type or print name Susan, He	rpin		Telephone	No. 505-748-1471
(This space for State use)			•	
	Driginal signed by tim District II supervisor	W. GUM		JAN 11 200
APPPROVED BY Conditions of approval, if any:	TOTAL H SUPERVISURIL	.E		DATE