ENERGY AND MINERALS DEPARTMEN	11		
HO. OF COPIES RECEIVED		TION DIVISION	_
DISTRIBUTION SANTA FE	P. O. BO	X 2088	Form C-103 - Revised 10-1-78
FILE VV	SANTA FE, NEW	MEXICO 8 TECEIVED BY	54 Indicate Type of Lease
U,\$.G,\$,			State X Fee
DPERATOR		JUN 06 1984	5, State Oli & Gas Lease No.
			LG 9357
SUNDRY	NOTICES AND REPORTS ON	WELL ARTESIA OFFICE	MIIIIIIIII
USE "APPLICATIO	TOR PERMIT -" (FORM C-101) FOR SUC	CH PROPOSALS.)	7, Unit Agreement Name
OIL GAS WELL	OTHER. P&A		, , , , , , , , , , , , , , , , , , ,
Name of Operator Yates Petroleum Corporation			8. Farm or Lease Name Inexco YP State
. Address of Operator			9. Well No.
207 South 4th St., Artesia, NM 88210			1
., Location of Well  P 660  FEET FROM THE South LINE AND 660  FEET FROM THE SOUTH LINE AND 660			10. Field and Pool, or Wildcat
UNIT LETTER,	South FEET FROM THE	LINE AND FEET FRO	Wildcat Precambrian
East	12	1S RANGE 17E NMPH	
THE LINE, SECTION	TOWNSHIP	RANGE 171 NMPL	
	15. Elevation (Show whether		12, County
	5506.7		Lincoln
Check A		Nature of Notice, Report or O	
NOTICE OF IN	TENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
YEMPORARILY ABANDON	. —	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	OTHER	
OTHER		OTHER	
2. Describe Proposed or Completed One	rations (Clearly state all partinent det	ails and sine verticent dates includin	g estimated date of starting any proposed
work) SEE RULE 1103.	rations (entary state on permitting cer-	and give pertinent dates, includin	g estimated date of starting any proposed
		s, NMOCD, Artesia, 10:00	AM 6-6-84 to
plug and abandon well	l as follows:		
1) Notify NMOCD 24 h	nours in advance of plug	raina	
	'± w/35' cement on top.	56±116•	
3) Shoot/pull casing at 1690'± (cement top 1690'± per bond log)			
		(i.e 50' in stub and t	tie to 8-5/8")
	370-470' (covers surface	e snoe) surface plug. Set dry ho	le marker
	nd notify NMOCD when rea		ndrker.
	•		
5. I hereby certify that the information a	bove is true and complete to the best of	of my knowledge and belief.	
	?)	1	
interfer avida	Loodlette Time Pro	oduction Supervisor	6-6-84
		Original Signed By	
APROVED BY		Leslie A. Clements	- DATE JUN 0 7 1984
CURITIONS OF ADDROVAL IS ANY.		Supervisor District (!	- · · · · · · · · · · · · · · · · · · ·