STATE OF NEW MEXICO		٢	RECEIVE	D BY	,
NERGY AND MINERALS DEPARTMENT	LCONSEDA	ATION DIVIS		1	
DISTRIBUTION	L CONSERV	ATION DIVIS	ONDEC 18	1984	Form C-103
		W MEXICO 8750	_		Revised 10-1-78
FILE D D			O. C	OF FIGHE OF TY	a of Lease
U.S.O.S.		1	ARTESIA.	State	F•• XX
LAND OFFICE				5. State Otl &	
<u> </u>					
SUNDRY NOTICES A	AND REPORTS C	N WELLS			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PLANIT " (FORM C-101) FOR SUCH PROPOSALS.)					
OIL GAS XX OTHER.				7. Unit Agreem	ent Name
Name of Operator				8. Farm or Lea	se Name
YATES PETROLEUM CORPORATION				Ramon "ABA"	
. Address of Operator				9. Well No.	
207 South 4th Street, Artesia, New Mexico 88210					1
Location of Weil H 1980 North 660 UNIT LETTER FEET FROM THE LINE AND FEET FROM				10, Field and Pool, or Wildcat	
UNIT LETTER H 1980	FROM THE	The AND	() FEET FROM	Wild	cat Abo
F4	1.0	,	0.77		
THE East LINE, SECTION 1)	TOWNSHIP	RANGE	9Е нмрм.		
3.23	levation (Show wheel	er DF, RT, GR, etc.)	·	12. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5241' GL			Lincoln	
Check Appropriate I	Box To Indicate	Nature of Notice	Report of Oth		
NOTICE OF INTENTION TO			SUBSEQUENT		Ŧ:
		_			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALT	ERING CASING
TEMPORABILY ABANDON	- -	COMMENCE DRILLING	PHS.	PLU	AND ABANDONMENT
SULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEM	ADL THE		_
Change TD.	X	OTHER			L
OTHER					
Describe Proposed or Completed Operations (Clearly work) SEE RULE 1603.	y state all pertinent o	letails, and give pertinent	dates, including	estimated date o	f starting any proposed
Change TD from 335	0' to 4200'.				
g					
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					•
3. I hereby certify that the information above is true an	d complete to the bea	it of my knowledge and be	lief.	····	***************************************
16110 tam Scalo	TITLE	Regulatory Sec	retary	DATE	12/17/84
		ORIGINAL SIGNED		DE	C 2 7 1984
PPROVED BY	* ITLE	BY LARRY BROOKS GEOLOGIST - NMOCD		DATE WA	~ ~ 1 130#
ONDITIONS OF APPROVAL, IF ANY:					