

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY  
DEC 27 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

OIL WELL ☐ GAS WELL ☒ OTHER-

1. Name of Operator  
YATES PETROLEUM CORPORATION

2. Address of Operator  
207 South 4th Street, Artesia, New Mexico 88210

3. Location of Well  
UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 10 TOWNSHIP 1S RANGE 19E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Ramon "ABA"

9. Well No.  
1

10. Field and Pool, or Wildcat  
Wildcat Abo

12. County  
Lincoln

15. Elevation (Show whether DF, RT, GR, etc.)  
5241' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

16. 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.

Please include intermediate string 11", 8 5/8", 24# K-55 to be set at 1080'.

17. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ram Scott TITLE Regulatory Secretary DATE 12/27/84

Original Signed By  
Leslie A. Clements  
Supervisor District II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 28 1984

CONDITIONS OF APPROVAL, IF ANY: