

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
AUG 31 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ For ☒
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Yates Petroleum Corporation ✓	8. Farm or Lease Name McCaw "BT"
Address of Operator 207 S. 4th, Artesia, New Mexico 88210	9. Well No. 7
Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>17S</u> RANGE <u>25E</u> NMPM.	10. Field and Pool, or Wildcat Eagle Creek/SA
15. Elevation (Show whether DF, RT, GR, etc.) <u>3452' GR</u>	12. County Eddy

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"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> Change BOP type	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Change type of Blowout Preventer.

See attached diagram.

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

SIGNED Leslie A. Clements TITLE Regulatory Secretary DATE 8/29/83

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ TITLE _____ DATE AUG 31 1983

CONDITIONS OF APPROVAL, IF ANY:

EXHIBIT B
BDP DIAGRAM
RATED 3000[#]

