

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504 -2088

WELL API NO.

30-015-30562

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

2029

7. Lease Name or Unit Agreement Name

MULE TRAIN 16

STATE COM

8. Well No.

1

9. Pool name or Wildcat

RED LAKE MORROW NE

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.)

1. Type of Well:

OIL

Well ☐

GAS

Well ☒

OTHER

2. Name of Operator

YATES DRILLING COMPANY

3. Address of Operator

105 S. 4TH ST., ARTESIA, NM 88210

4. Well Location

Unit Letter E 9: 660 1500 Feet From The NORTH Line and 4980 1650 Feet From The EAST Line

Section 16

Township 17S

Range 28E

NMPM

EDDY

County

3559' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☒

☐

PULL OR ALTER CASING ☐

OTHER: CHANGE CASING PROGRAM ☒

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

12. 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.

14 3/4" HOLE

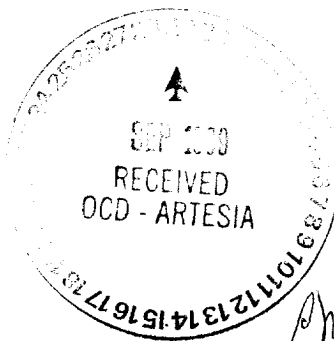
11 3/4" CASING SET AT 400'

11" HOLE

8 5/8" CASING SET AT 2,000'

7 7/8" HOLE

5 1/2" CASING SET AT 10,250'



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

SIGNATURE

Karen J. Leishman

TITLE ENGINEERING TECHNICIAN

DATE

9-24-99

TYPE OR PRINT NAME KAREN J. LEISHMAN

TELEPHONE NO. 505-748-4500

(This space for State Use)

Jim W. Gurn

District Supervisor

APPROVED BY

Box

TITLE

DATE

10-1-99

CONDITIONS OF APPROVAL, IF ANY: