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LAND OFFICE	
OPERATOR	5

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
NM 647

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator International - Yates ✓	8. Firm or Lease Name State 647
3. Address of Operator P. O. Box 427, Artesia, New Mexico	9. Well No. 204
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>18 S.</u> RANGE <u>28 E.</u> NMPM.	10. Field and Pool, or Wildcat Artesia
15. Elevation (Show whether DF, RT, GR, etc.) 3540' GL	12. County Eddy

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
 CASING TEST AND CEMENT JOB  OTHER

17. 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.

This well was perforated with one jet shot each at the following points. 1999', 2021', 2028', 2041', 2057', 2061', 2069', 2075'. Well was acidized and sand-oil fractured down casing with 15000# 20-40 and 5000# 10-20 sand in 799 bbls. lease crude.

RECEIVED

JUL 13 1965

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

SIGNED Walter E. Brown TITLE District Engineer DATE 7-9-65

APPROVED BY [Signature] TITLE [Signature] DATE JUL 13 1965

CONDITIONS OF APPROVAL, IF ANY: