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

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State XX   Fee ☐

5. State Oil & Gas Lease No.
LG 6126

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 ☐   GAS WELL ☐   OTHER- P&A – Re-Entry

7. Unit Agreement Name
Winter Queen State Unit

2. Name of Operator
Yates Petroleum Corporation

8. Farm or Lease Name
Winter Queen State Unit

3. Address of Operator
105 South 4th St., Artesia, NM 88210

9. Well No.
-

4. Location of Well
UNIT LETTER ___O___, 660 FEET FROM THE South LINE AND 1933 FEET FROM

THE East LINE, SECTION 3 TOWNSHIP 12S RANGE 32E NMPM.

10. Field and Pool, or Wildcat
Caprock Queen

15. Elevation (Show whether DF, RT, GR, etc.)
4405.8' GR

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
_____ ☐

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.

12-20-88. Plugged well as follows:
WIH with tubing to 3100'. Spot 50 sack cement plug. Waited 2 hrs and tagged plug 2150'.
Witnessed by Ray Smith, NMOCD, Hobbs, NM. Laid down tubing to 388'. Spot 35 sack cement
plug. Laid down tubing. Spot 15 sacks surface plug. Installed dry hole marker.

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

SIGNED _____ TITLE Production Supervisor DATE 12-27-88

OIL & GAS INSPECTOR   OCT 2 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: