

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. 30-005-00743
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-0493
7. Lease Name or Unit Agreement Name Pebble Queen 15352
8. Well No. 3
9. Pool name or Wildcat Caprock Queen 08157
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4417' DF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Yates Drilling Company 25575
3. Address of Operator 105 South 4th Street, Artesia, NM 88210	4. Well Location Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line Section 11 Township 13S Range 31E NMPM Chaves County

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

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.

See attached.

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

SIGNATURE <u>Karen J. Leshman</u>	TITLE <u>Production Clerk</u>	DATE <u>8/25/93</u>
TYPE OR PRINT NAME		TELEPHONE NO.

(This space for State Use)

APPROVED BY <u>Lyle F. Turnaciff</u>	OIL & GAS INSPECTOR	DATE <u>NOV 02 1993</u>
CONDITIONS OF APPROVAL, IF ANY:		

5110