

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-10418	

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.)

6. Name of Operator Yates Drilling Company		7. Unit Agreement Name	
8. Address of Operator 207 South 4th Street, Artesia, N.M. 88210		8. Farm or Lease Name Gallagher State	
9. Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>12 S</u> RANGE <u>31E</u> N.M.P.M.		9. Well No. 1	
10. Field and Pool, or Wildcat S.E. Chaves Queen Gas		10. Field and Pool, or Wildcat Area Assoc.	
11. Elevation (Show whether DF, RT, GR, etc.) 4435.5'		12. County Chaves	

16. 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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Perforation</u> <input checked="" type="checkbox"/>

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.

WIH and perforated 2982'-2987' with 12 .50" holes, 2 SPF.

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

SIGNED Karen Lesman TITLE Production Clerk DATE 11/19/84

APPROVED BY DEPUTY SUPERVISOR TITLE DEPUTY SUPERVISOR DATE NOV 20 1984

CONDITIONS OF APPROVAL, IF ANY: