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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30-005-26993

- DATE -

District to	5. Indicate Type of Lease  STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A
1. Type of Well: OIL OAS WELL X WELL OTHER	Doyal
2. Name of Operator Yates Drilling Company	8. Well No. 4
3. Address of Operator  105 South 4th Street, Artesia, NM 88210 4. Well Location	9. Pool name or Wildcat SE Chaves On Gas Area Assoc.
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line	
Section 26 Township 12S Range 31E NMPM Chaves County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  4425 GL	
	e Nature of Notice, Report, or Other Data  SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:Convert to Water Injection Well X	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.  We propose to convert the subject well to order R-9075 and R-9075-B.	
1. Flush perforations w/1000 gals. 7½% HC	L.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. \_ mr \_ Engineer SIONATURE TYPE OR PRINT NAME TELEPHONE NO. 748-1471(This space for State Use)

- TITLE -

2. Set plastic lined tbg. @ approximately 2932' w/ injection packer.

APPROVED BY -CONDITIONS OF APPROVAL, IF ANY:

3. Fill annulus w/ inert fluid.

4. Commence injection.