Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

LL ARINO

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	O Use 1000 Wake And 00240		WELL API NO.
DISTRICT II	P.O. Box 208		30-005-21037
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		0/304-2000	5. Indicate Type of Lease
DISTRICT III		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
01,110,017,107	OFO AND DEDOCTE ON HE		LH-1648
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:			-
OUL GAS WELL OTHER		Cactus Queen Unit	
2. Name of Operator		8. Well No.	
Yates Drilling Company			1
3. Address of Operator			9. Pool name or Wildcat
105 South 4th Street, Artesia, NM 88210			SE Chaves On Gas Area Assoc.
Unit Letter K: 165	O Feet From The South	Line and23	10 Feet From The West Line
Service 0.7	Tourship 100 n	nge 31E	NMPM Chaves County
Section 27	Township 12S Ra		NMPM Chaves County
4438' GL			
11. Check		Vature of Notice R	eport or Other Data
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE OF IN	ILINTION TO.	306	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON L. CHANGE PLANS . COMMENCE DRILLING OPNS. L. PLUG AND ABANDONMI		OPNS. L PLUG AND ABANDONMENT L	
PULL OR ALTER CASING	ALTER CASING CASING TEST AND CEMENT JOB		
OTHER: Convert to Water Injection Well X OTHER:			
 Describe Proposed or Completed Operawork) SEE RULE 1103. 	ntions (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed
We propose to convert order R-9075 and R-90	the subject well to wa	ter injection u	nder the provisions of
\			
		950' w/ injectio	on packer.
I hereby certify that the information above is tri	be and complete to the best of my knowledge and	belief.	
SIGNATURE July	7 Rhod m	ng <u>Engineer</u>	PATE 8-1-90
SKMATORE.	111	14:	DATE
TYPE OR PRINT NAME Tobin	L. Rhodes		теленоме мо. 748-1471
(This apace for State Usc)	\$5407 \$1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		