## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

## JIL CONSERVATION DIVISION

DISTRIBUTION		P. O. BOX 2088		Form C-103 · Revised 10-1-7		
SANTA FE	SANIAF	E, NEW MEXIC	CO 87501			
U.S.O.S.				Sa. Indicate Type	Fee X	
LAND OFFICE						
OPERATOR				5. State Oil & Ga	a Lease No.	
SUNDRY	NOTICES AND REPO	RTS ON WELLS		mm		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRIVE OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT =" FORM C-1011 FOR SUCH PROPOSALS.)			7. Unit Agreemen			
OIL GAS WELL	OTHER. Plug &	Abandon		8. Farm or Lease		
Name of Operator Yates Petroleum Corporation				Head State		
Address of Operator				9. Well No.		
207 South 4th St., Artesia, NM 88210			10. Field and Po	ol, or Wildcat		
UNIT LETTER G 198	O FEET FROM THE	North LINE A	1980 PEST P	Austin-Mis	ssissippian	
THE East LINE, SECTION_	20 YOWNSHIP	14S RA	NGE 36E NM	.PM.		
mmmmmm.	15. Elevation (She	ow whether DF. RT.	GR, etc.)	12. County	444444	
	395			Lea		
Check Ap	•	dicate Nature o	of Notice, Report or subseque	Other Data ENT REPORT OF:		
-ERFORM REMEDIAL WORK	PLUG AND AB	ANDON REMEDIA	AL WORK	ALTER	ING CASING	
EMPORARILY ABANGON		COMMEN	ICE DRILLING OPHS.	PLUG A	AND ABANDONMENT X	
ULL OR ALTER CASING	CHANGE PLAN	S CASING	TEST AND CEMENT JOB			
		ОТНЕ	. R			
OTHER		<u> </u>				
7. Describe Proposed or Completed Opera work) SEE RULE 1703.			give pertinent dates, includ	ling estimated date of .	starting any propose	
Plugged and abandoned 1-9-81 Cut casing of			mately 1/2 of ca	sing from well	L •	
Plugs set as follows:			•	J		
Plug #1 - 11230-11130		lass "C"				
Plug #2 - 9825-9725'						
Plug #3 - 8200-8100'						
Plug #4 - 5800-5700'	w/35 sacks C	lass "C"				
Plug #5 - 4700-4600'	w/35 sacks Ci	lass "C"				
Plug #6 - 2100-2000'	w/25 sacks C	lass "C"				
Plug #7 - 10-surface						
Heavy mud placed betw	een plugs. Ins	talled dry ho	le marker.		•	
Verbal approval for p	lugging procedu	re obtained f	rom Mr. Jerry Se	xton, OCD, Hob	obs,	
	, · ·					
8. I hereby certify that the information ab	ove is true and complete t	o the best of my know	wiedge and belief.			
mofunte Da	o celess.	Product	ion Supervisor	DATE8-	-16-83	
Janis Asill		<b>О</b> Ц & G	AS INSPECTO	R OCT	<b>2</b> 1986	
ONDITIONS OF APPROVAL, IF ANY	<u> </u>	115E				
<b>~</b> :						

HOERS CORNER

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