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## State of New Mexico , Minerals and Natural Resources Department En

Form C-103 Revised 1-1-89

to Appropriate District Office

DISTRICTI P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

| 1 | ATTEN | $\Delta II$ | /i l L | /1 1 | IUIU. |
|---|-------|-------------|--------|------|-------|
|   | P.O.  | Box 208     | 38     |      |       |

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-27208

|  | Come To Manier   | 07504 2000                     | 30 013 1720                           | <del>~</del>          |  |  |
|--|--|--------------------------------|---------------------------------------|-----------------------|--|--|
| ISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088   |  |                                | 5. Indicate Type of Lease STATE X FEE |                       |  |  |
| DISTRICT III<br>000 Rio Brazos Rd., Aztec, NM 87410  |  |                                | 6. State Oil & Gas Lease<br>V-1910    |                       |  |  |
| SUNDRY NOTICES   | AND REPORTS ON WE  | LLS                            |                                       |                       |  |  |
| DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR.   | LS TO DRILL OR TO DEEPEN<br>USE "APPLICATION FOR PE<br>OR SUCH PROPOSALS.) | OR PLUG BACK TO A              | 7. Lease Name or Unit                 | Agreement Name        |  |  |
| Type of Well: OIL GAS WELL WELL  | OTHER P&   | A Well                         | San AJK State                         |                       |  |  |
| Name of Operator YATES PETROLEUM CORPORATION   | VI   |                                | 8. Weil No.                           | •                     |  |  |
| Address of Operator  |  |                                | 9. Pool name or Wildca                | t                     |  |  |
| 105 South 4th St., Artesia   | , NM 88210   |                                | Saunders Perm                         | o Upper Penn          |  |  |
| Well Location  Unit LetterA :990 Fe  | et From The North  | Line and 660                   | Feet From The                         | East Li               |  |  |
| Section 32 To  | ownship 14S R  | ange 33E                       | NMPM                                  | Lea County            |  |  |
|  | 10. Elevation (Show whether  |                                |                                       |                       |  |  |
|  | opriate Box to Indicate  |                                |                                       |                       |  |  |
| NOTICE OF INTENT   | ION TO:  | SUB                            | SEQUENT REP                           | ORT OF:               |  |  |
| RFORM REMEDIAL WORK  | PLUG AND ABANDON   | REMEDIAL WORK                  |                                       | ERING CASING          |  |  |
| MPCFARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILLING              | GOPNS. PLU                            | G AND ABANDONMENT     |  |  |
| ILL OR ALTER CASING  |  | CASING TEST AND CE             | EMENT JOB                             |                       |  |  |
| THER:  |  | OTHER:                         |                                       |                       |  |  |
| <ol> <li>Describe Proposed or Completed Operations (C<br/>work) SEE RULE 1103.</li> </ol>  | learly state all persinent details, a                                      | nd give pertinent dates, inclu | ding estimated date of start          | ing any proposed      |  |  |
| Plugged well as follows: Spot 35 sx cement plug at Spot 35 sx cement plug at Spot 45 sx cement plug at Spot 45 sx cement plug at Spot 45 sx cement plug at Spot 10 sx cement plug at | 4836'. Tag plug<br>3864'.<br>2545'.  | @ 4565 <b>'.</b>               |                                       |                       |  |  |
| Used NMOCD approved mud be   | etween plugs. Not  | ified NMOCD 24 h               | nrs before plug                       | ging.                 |  |  |
| Set regulation abandonment   | marker. Pluggi   | ng completed 8-1               | L4-91.                                |                       |  |  |
|  |  |                                |                                       |                       |  |  |
| I hereby certify that the information above is true and con  |  | d belief.<br>The Production Si | upervisor ,                           | 8-15-91               |  |  |
| SIGNATURE Juanita Goo  |  |                                |                                       | TELEPHONE NO. 505/748 |  |  |
|  |  |                                |                                       |                       |  |  |
| (This space for State Use)   | £ 1/1  | Oli & GAS                      | - Ca 180                              | \$400 A 1 180         |  |  |
| APPROVED BY  | π  | TLE                            |                                       | -                     |  |  |

RN

CONDITIONS OF AFFROVAL, IF ANY: