Submit 3 Copies to Appropriate District Ciffice

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hoobs, NM 88240

P.O. Box 2088

DISTRICT II

OIL CONSERVATION DIVISION

WELL API NO. 30-025-25314 Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease

P.O. Drawer DD, Artesia, NM 88210	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-3211	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	LUG BACK TO A 7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X OTHER RE-ENTR	Y Scratchy Ranch State Unit	
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.	
3. Address of Operator	9. Pool name or Wildcat	
105 South 4th St., Artesia, NM 88210	Undes. Ganyo n	
4. Well Location		
Unit Letter J: 2030 Feet From The South	Line and 1980 Feet From The East Line	
Section 14 Township 15S Range	32E NMPM Lea County	
10. Elevation (Show whether DF, RI	(B, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Natur	re of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REM	MEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS CO	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CAS	CASING TEST AND CEMENT JOB	
OTHER:	ER: Plugback X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	pertinent dates, including estimated date of starting any proposed	
8-3-91 - 8-20-91. Drilled to TD 13320'. Verbal Hobbs, NM, by Craig Huber, Yates Petroleum Corpo	· ·	

Plug #1 13010-12910' w/ 30 sx "H" Neat cement Plug #2 11232-10932' w/170 sx "H" Neat cement, tag plug at 10864' Dressed plug off at 11000'.

(This space for State Use)			
TYPE OR PAINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-1471
SIGNATURE	anituda alla	mæ Production Supervisor	
I hereby certify that the info	ormation above is true and complete to the best of my		

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APPROVED BY -CONDITIONS OF APPROVAL, IF ANY: