

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
LG-879

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

OIL ☒ GAS ☐
WELL WELL OTHER:

Name of Operator

Yates Petroleum Corporation

Address of Operator

207 South 4th St., Artesia, NM 88210

Location of Well

UNIT LETTER A , 330 FEET FROM THE North LINE AND 330 FEET FROM

THE East LINE, SECTION 22 TOWNSHIP 15S RANGE 33E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

4173.5' GR

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT
<input type="checkbox"/> (a) Obtain information	<input type="checkbox"/> (a) Obtain information
<input type="checkbox"/> (b) Obtain information	<input type="checkbox"/> (b) Obtain information
<input type="checkbox"/> (c) Obtain information	<input type="checkbox"/> (c) Obtain information
<input type="checkbox"/> (d) Obtain information	<input type="checkbox"/> (d) Obtain information
<input type="checkbox"/> (e) Obtain information	<input type="checkbox"/> (e) Obtain information
<input type="checkbox"/> (f) Obtain information	<input type="checkbox"/> (f) Obtain information
<input type="checkbox"/> (g) Obtain information	<input type="checkbox"/> (g) Obtain information
<input type="checkbox"/> (h) Obtain information	<input type="checkbox"/> (h) Obtain information
<input type="checkbox"/> (i) Obtain information	<input type="checkbox"/> (i) Obtain information
<input type="checkbox"/> (j) Obtain information	<input type="checkbox"/> (j) Obtain information
<input type="checkbox"/> (k) Obtain information	<input type="checkbox"/> (k) Obtain information
<input type="checkbox"/> (l) Obtain information	<input type="checkbox"/> (l) Obtain information
<input type="checkbox"/> (m) Obtain information	<input type="checkbox"/> (m) Obtain information
<input type="checkbox"/> (n) Obtain information	<input type="checkbox"/> (n) Obtain information
<input type="checkbox"/> (o) Obtain information	<input type="checkbox"/> (o) Obtain information
<input type="checkbox"/> (p) Obtain information	<input type="checkbox"/> (p) Obtain information
<input type="checkbox"/> (q) Obtain information	<input type="checkbox"/> (q) Obtain information
<input type="checkbox"/> (r) Obtain information	<input type="checkbox"/> (r) Obtain information
<input type="checkbox"/> (s) Obtain information	<input type="checkbox"/> (s) Obtain information
<input type="checkbox"/> (t) Obtain information	<input type="checkbox"/> (t) Obtain information
<input type="checkbox"/> (u) Obtain information	<input type="checkbox"/> (u) Obtain information
<input type="checkbox"/> (v) Obtain information	<input type="checkbox"/> (v) Obtain information
<input type="checkbox"/> (w) Obtain information	<input type="checkbox"/> (w) Obtain information
<input type="checkbox"/> (x) Obtain information	<input type="checkbox"/> (x) Obtain information
<input type="checkbox"/> (y) Obtain information	<input type="checkbox"/> (y) Obtain information
<input type="checkbox"/> (z) Obtain information	<input type="checkbox"/> (z) Obtain information

SUBSEQUENT REPORT OF:

15004 REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING

(IMPOSSIBLY ABANDON

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

WELL OR ALTER CASING

CHANGE PLANS

CASING TEST AND CEMENT JOBS

OTHER Drilling Status

OTHER _____

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilling with Cable Tool.

1-6-83 - Drilling 40'. Made 1'.

1-7-83 - Drilling 41'. Made 1'.

1-8-83 - Drilling 42'. Made 1'.

1-9-83 - Drilling 43'. Made 1'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SUED. 10-4-1968

TYPE Production Supervisor

DATE 1-10-83

ORIGINAL SIGNED BY

APPROVED BY: JEROME SEXTON

TITLE _____

DATE JAN 12 1983

CONDITIONS OF APPROVAL, IF ANY: SUPR.