nit 3 Copies
appropriate
strict Office

State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-28475

JISTRICT!	P.O. Box 2088	30-025-28475	
P.O. Box 1980, Hoods, NM 662-10	Santa Fe, New Mexico 8750	4.2088	_
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sand 10, 110		1711-
TO THE PART OF THE		6. State Oil & Gas Lease	No.
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741)	LG 959	
	TO CHIMELLS		Nome
SUNDRY NO	OTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR P SERVOIR. USE "APPLICATION FOR PERMIT"	LUG BACK TO A 7. Lease Name or Unit A	greement Name
(DO NOT USE THIS FORM FOR	PROPOSALS TO DRILL OR TO SEE PERMIT SERVOIR. USE "APPLICATION FOR PERMIT"		
(FOR	M C-101) FOR SUCH PROPOSALS.)	Coquina WK Sta	ıte
1. Type of Well: GAS	OTHER WORKOVER	551	
OIL X WELL	OTHER WORKOVER	8. Well No.	
£ Onemice		2	
YATES PETROLEUM CORI	PORATION	9. Pool name or Wildcat	Unnar Pann
		Saunders Permo	Opper renn
3. Address of Operator 105 South 4th St.,	Artesia, Nr. 00220		Line Line
4. Well Location	330 Feet From The North	Line and 990 Feet From The	west
Unit Letter _D : _	530 Feet From The		Lea County
15	Township 15S Range	33E NMPM	
Section		RKB, RT, GR, etc.)	
	//////////////////////////////////////		ta
	eck Appropriate Box to Indicate Nat	ure of Notice, Report of Other DE	ORT OF:
11.	EX APPROPRIE		
NOTICE OF	INTENTION TO:	EMEDIAL WORK	ERING CASING
PERFORM REMEDIAL WORK	PLUG AND ADAIRDON		IG AND ABANDONMENT
	CHANGE PLANS	COMMENCE DRILLING OPNS.	G AND ADMIND COMME
TEMPORARILY ABANDON	_ Change: 5	CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING		ASING TEST AND CEMENT	
	ing zone treat	OTHER:	
OTHER: Perforate exist	Ting zone; eros	deser including estimated date of sta	rting any proposed
Permo-Penn is depl	eted in perforations 9502-100 tions 9225-9245'. Swab back ximately 9300'± and put well	10ad and test zone. If p	and acidize roductive will
if the the information	above in true and complete to the best of my knowledge and l	pela.	11-5-91
I hereby certify that the information	X . M. X	Production Supervisor	_ DATE
SIONATURE A.C. TA	Z No second		TELEPHONE NO. 505/748-14
	Juanita Goodlett		
TYPE OR PRINT NAME		•.	41
(This space for State Use)	Paul Kautz		·
(Ture abace for green con)	Paul Kautz		DATE
	Geologisti, m	TE	
APPROVED BY			
CONDITIONS OF APPROVAL, IF ANY	r:		