

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG 2252
7. Unit Agreement Name
8. Farm or Lease Name Kochia "AAM" State
9. Well No. 1
10. Field and Pool, or Wildcat Dean Permo Penn
12. County Lea

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

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
207 South 4th St., Artesia, NM 88210

4. Location of Well
UNIT LETTER 0 990 FEET FROM THE South LINE AND 2310 FEET FROM
THE East LINE, SECTION 35 TOWNSHIP 15S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3855.1' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Perforate, Swab</u> <input checked="" type="checkbox"/>

17. 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.

TD 13800'. WIH and perforated 13672- 76' w/12 .42" holes (3 SPF).
Swabbed well down. Well started flowing 5:00 PM 1-16-85.

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

SIGNED Jerry Sexton TITLE Production Supervisor DATE 1-17-85

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE JAN 21 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 18 1985

**O.C.D.
HOBBS OFFICE**