

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-79

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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 3562	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> CHANGE NAME OF WELL		7. Unit Agreement Name
2. Name of Operator YATES PETROLEUM CORPORATION		8. Farm or Lease Name Vacuum North ADJ State
3. Address of Operator 105 S. 4th., Artesia, NM 88210		9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> <u>833</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>16S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or WHdcat Kemnitz Lower Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4008.5' GR		12. County Lea

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>CHANGE WELL NAME</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 1503.

CHANGE WELL NAME FROM: VACUUM NORTH ADJ STATE COM
TO: VACUUM NORTH ADJ STATE

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

SIGNED [Signature] TITLE Production Supervisor DATE 7/31/86

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE SEP 19 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 1 1986
O.C.D.
HOBB'S OFFICE