

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-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- SWD - Bradenhead Test	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Brown AEI
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1910</u> FEET FROM THE <u>North</u> LINE AND <u>527</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>16S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Undes. Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3765.2' 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>Bradenhead Test</u>	

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.

Re: Bradenhead Test

Conducted 11-8-88 with Ray Smith, NMOCD, Hobbs, NM and Norbert McCaw, YPC.

Tubing Pressure 250 psi  
Casing Pressure 0 psi  
Surface Pressure 0 psi, puffed

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 11-18-88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: