State of New Mexico

_ DATE ___

Submit 3 Copies to Appropriate District Office	E. , Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO.	WELL API NO.	
			30-025-33563		
			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas I	Lesse No. A-604	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESER (FORM C-	PROSALS TO DHILL OR TO DEEPEN NOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS)		7. Lease Name or U	nit Agreement Name	
1. Type of Weil: Off. Well X Well OTHER Fie			Field AF	K State Com	
2. Name of Operator YATES PETROLEUM CORPORATION 8. Well No.			8. Well No.	•	
			9. Pool name or Wildcat		
105 South 4th St., Artesia, NM 88210			Lovington Strawn, West		
4. Well Location Unit Letter Lot 10: 350	OO Feet From The North	Line and 18	80 Feet From 1	The East Line	
Section 2	Township 16S Ra		NMPM	Lea County	
	<i>111111</i>)' GR			
11. Check A	Appropriate Box to Indicate 1	Vature of Notice, R	eport, or Other I	Data	
NOTICE OF INT			SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LITERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS X	COMMENCE DRILLING		LUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			
Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all persinent details, an	d give pertinent dates, inclu	ding estimated date of s	tarting any proposed	
Steve Cochran, Drilling from Gary Wink w/OCD-Hefrom 4950' to 4750'.	g Foreman for Yates 'Pe obbs to change the set	troleum Corpora ting depth of t	tion received he 8-5/8" in	d verbal permission termediate casing	
				•	
I hereby certify that the information above is true	and complete to the best of my knowledge and				
SIGNATURE # USLY TE	тп	Operations T	echnician	DATE Feb. 19, 1997	
TYPEOR PRINT NAME Rusty Klein				TELEPHONE NO. 505/748-14	
(This space for State Use) ORIGINAL SEC	MED BY VERMY SEXTON			The Contraction	

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APPROVED BY ----CONDITIONS OF APPROVAL, IF ANY:

BISTRICE I SUPERVISOR