

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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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.	
B-9264	

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"/>	7. Unit Agreement Name
2. Name of Operator John A. Yates	8. Farm or Lease Name Shell-State
3. Address of Operator Yates Building, Artesia, N. Mex. 88210	9. Well No. 3
4. Location of Well UNIT LETTER <u>O</u> , <u>1650</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>23</u> TOWNSHIP <u>18 S.</u> RANGE <u>37 E.</u> NMPM.	10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input 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.

Plan to Perforate 5½" casing from 4281 to 4291', with 2 shots per foot.
Plan to acidize perforations with 2000 gallons acid.

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

SIGNED Nola Carder TITLE Bookkeeper DATE 3-26-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT D DATE 3-28-1969

CONDITIONS OF APPROVAL, IF ANY: