

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-25134</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG-714
7. Lease Name or Unit Agreement Name YATES STATE
8. Well No. 1
9. Pool name or Wildcat Eumont Yates SRQ

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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Lanexco, Inc.	
3. Address of Operator P.O. Box 1206 Jal, NM 88252	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. 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.

1. Rig up unit.
2. Lay rods down.
3. Rig up BOP and pull tubing.
4. Set 5½" CIBP at 3870'. Dump cement on top of CIBP-35 ft.
5. Circulate the hole with salt gel and brine water.
6. Set 100 ft. plug 1600' - 1500'.
7. Perforate at 450 ft., circulate cement to surface leaving 50 ft. inside 5½".
8. Cut off casing heads. Set 10 ft. surface plug and install dryhole marker.
9. Clean location, cut off deadmen, fill cellar, move all equipment off.

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

SIGNATURE Mike Copeland TITLE Production Supt. DATE 12-3-91
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED