

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-476

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 Moonrise State Unit
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Moonrise State Unit
3. Address of Operator 105 S. 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>18S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or WHdcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3795.5' GR	12. County Lea

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

PERFORM REMEDIAL WORK <input 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 checked="" 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 1703.

Spudded 26" hole at 7:45 PM 2-26-87 with Auger Air Service. Set 38' of 20" conductor pipe. Notified June Goble, NMOCD, Hobbs, NM, of spud.

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>Production Supervisor</u>	DATE <u>2-27-86</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>DISTRICT 1 SUPERVISOR</u>	TITLE _____	DATE <u>MAR 4 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		