Submit 3 Copies to Appropriate District Office

State of New Mexico Energ finerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.	
	P.O. Box 2088		30-025-32045	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Le	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Les VB-1	ase No.
CUMPRYMOT	IOCO AND DEPORTO ON ME	1.0	7777777777	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS ON WE OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Uni	t Agreement Name
I. Type of Well: OL GAS WELL X WELL	OTHER		Hourglass	State Unit
2. Name of Operator			8. Well No.	
YATES PETROLEUM CORPO	RATION			2
3. Address of Operator			9. Pool name or Wilde	a t
	et - Artesia, NM 88210		South Vacuu	m Wolfcamp
4. Well Location				
Unit Letter M: 990	Feet From The South	Line and330	Feet From The	e West Line
Section 10			NMPM Lea	County
	10. Elevation (Show whether	•	. 6	
		.8' GR		
11. Check	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other D	ata .
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REP	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPL	UG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			MENT JOB	
OTHER:		OTHER: Producti	on Casing	<u>}</u>
12. Describe Proposed or Completed Open	ations (Clearly state all pertinent details, a	nd give pertinent dates, includ	ling estimated date of su	nning any proposed
work) SEE RULE 1103.		0		V 00 1 7 55
TD 10470'. Reached TD 1				
LT&C casing set 10470'. and 7560'. Cemented in				
.9% CF-14, .35% Thrifty				
psi for 5 mins, OK. Cin				
500 sx "H" w/8#/sx CSE,				
PD 3:30 PM 10-5-93. Bur				
through DV tool 3-3/4 ho				
CF-14, .35% Thriftylite				
(yield 2.01, wt. 12.6).				
Bumped plug to 1500 psi				
WOC 18 hours.				
I hereby certify that the information above is tr	se and complete to the best of my knowledge at	d belief.		·
SIGNATURE Lu anita	Toollett	Production Su	pervisor	DATE 10-11-93
TYPEOR PRINT NAME Juanita Goo				505-748-1471 TELEPHONE NO.

(This space for State Use)

AJTROVED BY ...

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

OCT 14 1993

- DATE -