Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE -

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-31644

1.0. BOX 2000			30-023-31044			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	RICT II Santa Fe, New Mexico 87504-2088 Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0			6. State Oil & Gas I VB-134		
0.00000	TIOTO AND DEPORTS C	AL MELL		111111111111111111111111111111111111111	77777777777	
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.)				7. Lease Name or Unit Agreement Name		
	A C-101) FOR SUCH PROPOSAL			Kiwi AKX S	tate	
1. Type of Well: OIL GAS WELL X WELL	OTHER					
2. Name of Operator				8. Well No.		
YATES PETROLEUM CORP	ORATION	<u> </u>		9. Pool name or Wi	ildeat	
3. Address of Operator 105 South 4th St., A	rtesia, NM 88210				ston Ridge Delawa	are
4. Well Location				<u> </u>	_	
Unit Letter :	1980 Feet From The South	th 	Line and	Feet From	The East	Line
Section 16	Township 22S	Ras	nge 32E	NMPM	Lea Cour	ntv
Section 10		w whether	DF, RKB, RT, GR, etc.)	14411	V/////////////////////////////////////	
<i>\////////////////////////////////////</i>		3728 '		·	<u> </u>	
11. Che	ck Appropriate Box to In	dicate l				
NOTICE OF	INTENTION TO:		SUE	SEQUENT RI	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	4 🔲	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DRILLIN	G OPNS.	PLUG AND ABANDONMEN	ит 🗌
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB		
OTHER:			OTHER:			
			<u> </u>			
12. Describe Proposed or Completed (work) SEE RULE 1103.	Sperations (Clearly state all pertinent	i aeiaus, ai	na give perimeni aciies, incii	uting estimated date of	starting any proposed	
	LANS AND DRILL WELL	TO TD	9000'.			
APD DATED 7-10-92 S	HOWED TD AT 8900'.					
						,
					•	
		٠				
I hereby certify that the information above	e is true and complete to the best of my kn	nowiedge and	d belief.			
A Davita	Don Rlott	тт	ne Production	Supervisor	DATE7-29-92	
SIGNATURE		,,	·		TELEPHONE NO. 505/7	748-147
TYPE OR PRINT NAME Jua	nita Goodlett				TELEPHONE NO. 303/1	, ,0 1-7/-
(This space for State Use)	CLONER BY IPARY SEVERAL	l			Ju	3 1 '92
	SIGNED BY JERRY SEXTON TRICT I SUPERVISOR	•				~ T 3Z
<i>U</i> 13		_			DATE	

_ TITLE -

RECEIVED
3 0 1992

OCO HOSSS OFFICE