- Submit 3 Copies to Appropriate	Energy, M als and Natural Resources Department			ıt	Form C-103 Revised 1-1-89	
District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION P.O. Box 2088			-31889	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa	Fe, New Mexi	ico 87504-2088	5. Indicate Type of I	STATE XX FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas L VB-		
SUNDRY NO (DO NOT USE THIS FORM FOR PF DIFFERENT RESE (FORM			PERMIT	A 7. Lease Name or U	nit Agreement Name	
1. Type of Weil: Of L WELL WELL]	OTHER CO	NVERT TO SWD		wi SWD	
2 Name of Operator YATES PETROLEUM CORP.	ORATION			8. Well No.	8 ildcat SilvD	
3. Address of Operator 105 South Fourth Str		ia NM 882	210	9. Pool name or W Livingston F	idge Delaware East	
				2310 Feet From	The West Line	
4. Well Location Unit LetterF: 19	80 Feet From	The		Т	ea County	
Section 1.6	Township	22S	Range 32E hether DF, RKB, RT, GR, et	NMPM		
		374f	5' GR		<u>V////////////////////////////////////</u>	
11. Chec	k Appropriate	Box to India	cate Nature of Notic	ce, Report, or Other SUBSEQUENT F		
NOTICE OF I	NTENTION	TO:				
] PLUG A	ND ABANDON		L	PLUG AND ABANDONMENT	
		E PLANS			PLUG AND ABANDONMENT	
PULL OR ALTER CASING]			AND CEMENT JOB	well X	
OTHER:				vert to disposal		
12. Describe Proposed or Completed C work) SEE RULE 1103.	perations (Clearly s	tate all pertinent d	etails, and give pertinent dat	es, including estimated date	d BOP. NOTE:	
(packer fluid). Tes	tubing and d off of RB 5-1/2" Arrow tic coated fresh wate sted backsid	tubing and p at 7220' set nickel injection f r containin e for 30 m	chor. Installed Latched onto a plated seating r tubing to surface ng corrosion inh inutes with 500#	on/off tool on 2 and POOH. nipple and nickel e. Set packer at ibitor, biocide a on casing. Hele	2-7/8" tubing. L plated packer on E 6955'. Reverse and oxygen scavenger d okay. Shut well water and pumped	
down tubing at 2-3 Notified OCD - Hobb	s to witness	s packer le	akage test - did	to production d not witness.	epartment. NOTE:	
I hereby certify that the information above	e is true and complete	to the best of my kno	whedge and belief.	tion Clerk	DATE	
SIONATURE # Uhaly	Tylu		mreProduc		505-748-1471 TELEPHONE NO.	
TYPE OR PRINT NAME RUSTY KI				1		
(This space for State Use)	1947, 5164-201 B 1940 - 1940 - 1940 1940 - 1940 - 1940	HEARCA Ustania	i v	A 0 26 TO	NOV 28 1994	
APTROVED BY			πιε			