Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Keytseg 1-1-e

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
DISTRICT II	P.O. Box 208 Santa Fe, New Mexico		30-025-32255
P.O. Drawer DD, Artesia, NM 88210	Sania Fe, New Mexico	87304-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. VB-0134
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL X WELL	OTHER		Kiwi AKX State
2. Name of Operator YATES PETROLEUM CORPOR	ATION		8. Well No.
3. Address of Operator			9. Pool name or Wildcat
105 South 4th St., Art	esia, NM 88210		Livingston Ridge Delaware, East
4. Well Location  Unit LetterA :33	O Feet From The North	Line and330	Feet From The East Line
Section 16	Township 22S Ra	unge 32E	NMPM Lea County
	10. Elevation (Show whether 3781'	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data
NOTICE OF IN			SEQUENT REPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER: Temporary Abando	on X	OTHER:	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	stions (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed
well for a period of i	ration respectfully requeive (5) years in order Well will be Temporary	to fully evalua	n to Temporarily Abandon this ate the well for a possible ollows:
an oxygen scavenger ar	set CIBP at 6909'. Too ad a corrosion inhibito	r.	ole with packer fluid containing - 500 psi for 30 minutes.
NOTIFY OCD-HOBBS (505-INTEGRITY TEST	-393-6161 - ext. 112) II	N SUFFICIENT TIME	ME TO WITNESS MECHANICAL
<i>A</i>			
I hereby certify that the information above is an	e and complete to the best of my knowledge and		
SIGNATURE JUSTINE	Len m	Operations T	echnician Feb. 29, 2000
TYPEOR PRINT NAME Rusty Klei	n		TELEPHONE NO. 505/748-1471
(This space for State Use)	RIGHT STATE		(
APPROVED BY	GAS CONTRACTOR	18	DATE

