State of New Mexico Energy, Ainerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P 0. Box 2088 Santa Fe, New Mexico 87504-2088

vell api no. 3002504782	
. Indicate Type of Lease	

DISTRICT III	ec, NM 87410			6. State Oil & Gas Leas	STATE X FEE
		DEC ON WEI	1.0	B-935	
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' (FORMC-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name NEW MEXICO G STATE			
I. Type of Well: OIL WELL	GAS OTHE	R			
2. Name of Operator	YYON CORPORATION			8. Well No. 6	
3. Address of Operator A	TTN: REGULATORY AFF . O. BOX 1600 IDLAND, TX 79702	AIRS ML#	14	9. Pool name or Wildo	at 7 RVRS QN (PRO GAS)
4. Well Location	: 660 Feet From The FSL			From The	<u>∟</u> <i>W</i> Line
Section 26	Township 21 S	Range 3	6 ENM	PM LE	A County
Scenaria -	10. Elevauo	n (Show whether 1.7° (11° –	OF, RKB, RT, GR, etc.) 5" GR)		# H
NOT	Check Appropriate Box t			Report, or Othe	
	REFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		к 🗀	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIE		ILLING OPNS.	PLUG & X ABANDONMENT		
PULL OR ALTER CA			CASING TEST AN	ND CEMENT JOB]
OTHER:			OTHER:		
12. Describe Proposed or C	Completed Operations (Clearly state all pe	ertinent details, and	give pertinent dates, inclu	ding estimated date of star	ting any proposed
work) SEE RULE 11 08/16/96 08/19/96	RIH W/ CMT RETAIN ,STUNG BACK INTO PERFS W/ 110 SX C DUMPED 25 SX CMT PERF CSG W/ 4 HOL RETAINER SET @ 14 CLASS C CMT BELOW PERF CSG @ 370', THE THE BACKSIDE	RETAINER LASS C CI ON TOP. ES @ 153(28",STUNG	AND SQUEZZE MT. PULLED (), ESTABLISE G into Reta: D 25 SX CMT	ED YATES SEV DUT OF RETAI HED PUMP RAT INER AND PUM ON TOP OR R	EN RIVERS NER AND 'E. RIH W/ CMT IPED 43 SX RETAINER.
SIGNATURE MA	ormation above is true and completed the best Son Burnling	of my knowledge and	Sr.Staff Offic	= Assistant 915) 688-616	DATE 08/26/96 66 TELEPHONE NO.
(This space for State Use) APPROVED BY	Carry W. Lief	TITL	E		_ DATE
CONDITIONS OF APPRO	VAL, IF ANY U				