Submit 3 Copies to Appropriate District Office

State of New Mexico Energ finerals and Natural Resources Department Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION P.O. Box 2088	30-025-33209
DISTRICT II Santa Fe, New Mexico 8 P.O. Drawer DD, Artesia, NM 88210	7504-2088 5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-3594
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7 Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL X WELL OTHER	Alphabet Unit
2 Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Grama Ridge Bone Springs, North
4. Well Location	
Unit Letter : Feet From The Site and Site and	
Section 8 Township 21S Range 34E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3718 GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER: Temporary Abandon X	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	
Jim Krogman, Drilling Superintendent for Yates Petroleum Corporation, received approval from Gary Wink w/OCD-Hobbs, to temporary abandon as follows:	
Plug #1 - 10042-9942' (100') Plug #2 - 7100-7000' (100')	
Set a cement retainer at 5600' and test to 500 psi.	
NOTE: Approval obtained on April 5, 1996.	
I hereby certify that the information above is true and of implete to the best of my knowledge and belief. Production Clerk DATE 4-8-96	
SIGNATURE	
TYPE OR PRINT NAME	
(This space for State 1990) GINAL SHOWS	St Ina
# to the second of the second	LE DATE