Submit 3 Copies to Appropriate District Office

State of New Mexico Energy

inerals and Natural Resources Department

Form	C-1	103	
Revise	ed 1	-1-89)

DIS	TRIC				
DO	Dov	1080	Hobbs	NM	88240

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs, NM 882	240
DISTRICT II P.O. Drawer DD, Artesia, NM	88210

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

30-0	15-2675	1		
. Indic	ate Type of Le	ase		\Box

5. Indicate Type of Le

	18N 1 5 1994				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-1673				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR	PLUG BACK TO A 7. Lease Name or Unit Agreement Name				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	Lost Tank AIS State				
1. Type of Well: OIL GAS WELL X WELL OTHER					
2. Name of Operator	8. Well No.				
YATES PETROLEUM CORPORATION	6				
	9. Pool name or Wildcat				
3. Address of Operator	Lost Tank Delaware				
105 South 4th St., Artesia, NM 88210	LOSC TARK DCIAWATC				
4. Well Location					
Unit Letter J: 1980 Feet From The South	Line and 1980 Feet From The East Line				
Section 36 Township 21S Range	31E NMPM Eddy County				
Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3592 GR					
11. Check Appropriate Box to Indicate Nat	ture of Notice, Report, or Other Data				
	SUBSEQUENT REPORT OF:				
NOTICE OF INTENTION TO:	SOBSEQUENT REFORM OF				
PERFORM REMEDIAL WORK PLUG AND ABANDON R	EMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS C	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING C	CASING TEST AND CEMENT JOB				
OTHER: Set CIBP to isolate Bone Springs X	OTHER:				

Will set CIBP at 8425' and cap with 35' cement. CIBP will be set above Bone Springs perfs 8449-8468' isolating the Bone Springs from the Delaware perfs at 7057-97' and 8299-8346'. Work will be done when repairing well.

I hereby certify that the inform	nation above is true and complete to the best of my kno	wiedge and belief.	
Sid I fins	da Sovalie	TIME Production Supervisor	DATE 1-14-92
SIGNATURE			TELEPHONE NO. 505/748-1471
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 303/748-14/1
(This space for State Use)	ORIGINAL SIGNED BY		1431 H Ø 1000
	FOR ENGLISHING		JAN 1 7 1992
APPROVED BY		mre	DATE

CONDITIONS OF APPROVAL IF ANY: Set BP within 90 days

^{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.