STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OFFEATOR	- 1 - 1 -	1

OIL CONSERVATION DIVISION

P. O. BOX 2088

Form C-103

JANTA FE		NEW MENICO 07504	Revised 10-1-78
THE	SANTA PE, I	NEW MEXICO 87501	
U.S.G.S.		, DEC	5a. Indicate Type of Leise VED State Foo X
LAND OFFICE		RECI	
OPERATOR V			5, State Oil & Gun Lense No.
		JUL 0	6 193 3
SUNDRY	NOTICES AND REPORTS	S ON WELLS PLUG BACK TO A DIFFERENT HESERVOIR.	
OSE APPEICATION	N FOR PENMIT -" (FORM C-101) F	OR SUCH PROPOSALS.)	D. 7. Unit Agreement Name
I. OIL WELL WELL X		ARTESIA,	1. Out represent frame
2. Name of Operator	OTHER-		8, Farm or Lease liame
Yates Petroleum Co	rnoration V		Sacra SA Com
3. Address of Operator			9. Well No.
	Artesia, NM 88210		7-Z
4. Location of Wel:	Tiredia, Mi 00210		10. Field and Pool, or Wildent
•	0.0		Pogga Clana Aba
UNIT LETTER F	FEET PROM THE	uth LINE AND 660 FEET	THITTINITY MORE
Fact	22	60 250	
THE LINE, SECTION	22 TOWNSHIP	6S RANGE 25E	имрм. {
	15. Elevation (Show w)	hether DF, RT, GR, etc.)	12. County
		7.6' GR	Chaves
	77777		
		ate Nature of Notice, Report o	
NOTICE OF INT	ENTION TO:	SUBSEQ	JENT REPORT OF:
			1 (-)
PERFORM REMEDIAL WORK	PLUG AND ABANDON		ALTERING CASING
MOCHARA VIIRAROQMET		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
TULL OR ALTER CARING	CHANGE PLANS	Production C	asing, Perforate, Treat
		OTHER TESTED	asing, Perforate, Treat
OTHER		- 🔲 🔪	
7. Describe Proprised or Completed Oper	ations (Clearly state all pertine	nt details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.			
4049'. Cemented w/400 Permacheck, 1/4# cellose 3:30 AM 5-31-83. Bumped 18 hours. WIH and perfo (8 holes - 2 SPF). Acid	sacks 50/50 Poz, .6% eal. Compressive st d plug to 1000 psi, orated 3651-3706' w/dized perforations 3	-55 casing set 4090'. 1-% CF-9, .3% TF-4, .3% AF- trength of cement - 950 p released pressure and f1 /8 .41" holes as follows: 3651-3706' w/1000 gallons ons 3651-3706' w/20000 ga	rs, 3% KCL, 1/2# psi in 12 hours. PD poat held okay. WOC 3651, 53, 55, 3706' 75% Spearhead acid
•			
18. I hereby certify that the information ab	ove is true and complete to the	best of my knowledge and belief.	
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mened le asala + or	allell TITLE	Production Supervisor	DAYE 7-5-83
		Original Signed By	
		Leslie A. Clements	1111 7 0 4000
APPROVED BY	TITLE	Supervisor District II	JUL 1 2 1983