DISTRICT

P O Box 1980, Hobbs NM 88240

WELL API NO

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P O. Drawer DD, Artesia NI DISTRICT III 1000 Rio Brazos Rd., Azlec	P.O. Box 2088	P.O. Box 2088 lew Mexico 87504-2088			30-015-25665 5. Indicate Type of Lease State X FEE				
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" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or (7. Lease Name or Unit Agreement Name			
1. Type of Well OIL WELL	GAS WELL OTHER X S	:WD	The second secon		Com	promise SV	KD.		
2. Name of Operator Yates Petroleum Corporation				8. Well No	8. Well No # 1				
3 Address of Operator 105 South 4th., Artesia, NM 88210					1	9. Pool Name or Wildcat Wildcat Strawn			
4. Well Location Unit Letter	: 1980 Feet From The	North L	ine and	800'	Feet From The	East	Line		
Section 30	Township 185 Range	27E N	MPM		Eddy	(COUNTY		

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

10. Elevation

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING			
EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	PLUG AND ABANDON	IMENT		
PULL OR ALTER CASING	g announce of the control of the con	:	CASING TEST AND CEMENT.	JOB ()			
OTHER	en en empreson en descriptor de Sala es	1	OTHER	Workover	X		

12. Describe Proposed or Completed Operations (Clearly state all pertient details, and give pertinenet dates, including estimated date of starting any proposed work) SEE RULE 1103.

(Show whether DF, RKB, RT, GR, etc.)

11/29/01-Rigged up pulling unit. Tested 5-1/2'' casing to 500 psi, held for 30 mins- tested good. Tested 8-5/8" casing to 500 psi, held for 30 mins-tested good. Tested 8-5/8" casing to 500 psi

11/30/01 Pumped 100 sacks "C" Neat cement. Flushed with 5 bbls water. Left 700 psi on

8.5/8" casing. Turned well to production.

12 31 01 Returned to injection. Final report. Please Clarify what was done .

Please send a copy of the approved intent and who at the OCD that was the contact for the work and test.

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I hereby certify that the infirm	ation above a,t rue	and complete to the	ne best of my knowledge and be	Hief.					
SIGNATURE ()	ma	Oaz G	Wes	TITLE	Operations	Techician	DATE	1/4/01	
TYPE OR PRINT NAME		200	🔰 Erma Va	zquez	A A	**************************************	TELEPHONE	: NO 505-748-1471	
(This space for State Use)	ر او	VV	transi ya mala ya ka marana wa wa wa ya sa sa sa sa sa sa wa wa sa sa waka wa ka ka wa ka wa ka wa ka ka ka ka	<i>A</i> 7/		10	1 / 1	I 7 A TIME	
APPROVED BY	11		TITE	Jul 0	BU	DATE	JAI	1 2 7 2000	
CONDITIONS OF APPROVAL	IF ANY	/ Ç'	_		Y				