Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: -

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-015-26316

	C T-	Name Marias 0	7504 2088	30-013-20310		
DISTRICT II P.O. Drawer DD, Artesia, NM	Santa Fe, 88210	New Mexico 8	ł	5. Indicate Type of Lea	STATE X	FEE 🗌
DISTRICT III 1000 Rio Brizos Rd., Aziec, NI	M 87410		MAY -2'90	6. State Oil & Gas Lea V-689		•
			O. C. F			
A DO NOT HEE THE EODS	RY NOTICES AND REPO A FOR PROPOSALS TO DRILL INT RESERVOIR. USE "APPLIC (FORM C-101) FOR SUCH PR	CATION FOR PERI	H PLUG BACK TO A	7. Lease Name or Unit	Agreement Name	
1. Type of Well:				aam		1
OR. WELL X	MEIT (OTHER		SST		
2. Name of Operator	Yates Company		1	8. Well No. #2		
3. Address of Operator	races wiipariy .			9. Pool name or Wildo		
P O Box	1933, Roswell, New	Mexico 88	3202	Palmillo Bor	<u>e Springs</u>	
4 Mall Leasting					_	
Unit Letter B	: 660 Feet From The	North	Line and1980	Feet From The	<u>East</u>	Line
6	Township	19S Ran		NMPM	Edd	y County
Section	10. Eleva	iioa (Show whether L 3396 .	oF, RKB, RT, GR, etc.) 5 GT.			
				eport or Other D	ata	
11.	Check Appropriate Bo			SEQUENT REF	PORT OF	
NOTICE	OF INTENTION TO:		50B			
PERFORM REMEDIAL WOR	RK PLUG AND A	BANDON	REMEDIAL WORK		TERING CASING	
TEMPORARILY ABANDON	CHANGE PL	ANS	COMMENCE DRILLING		UG AND ABAND	ONMENT L
PULL OR ALTER CASING			CASING TEST AND CE	EMENT JOB X		C
OTHER:			OTHER: Spud			<u>x</u>
12. Describe Proposed or Cor	npleted Operations (Clearly state al	ll pertinent details, an	d give pertinent dates, inclu	iding estimated date of st	arting any proposed	l
work) SEE RULE 1103.						
	oudded @ 6:00 am 4/					
Cmtd w/375 PD @ 12:00 WOC 12 hrs	hole# 335'; Ran 8 sks Cl "C" w/2% Ca pm 4/25/90; Circ ; Test csg 1000#/3	85 sks to p 80 min-Held	it ok			
Omtd w/700 PD @ 8:00	hole @ 1200' 4/26/ sks 65/35 C/poz w/ pm 4/26/90; Circ 1 ; Test csg 1200#/3	'2% CaCl + 2 L68 sks to p	oit	∦j-55 csg, Se %CaCl,	et @ 1200',	
I hereby certify that the information	tion above is true and complete to the b	est of my knowledge and	ibdid. Production	Sec.	DATE 4/30	/90
SIGNATURE	aki Jul	π	Production	DCC.		623-6601
TYPE OR PRINT NAME VIC	kie Teel				TELEPHONE NO.	
(This space for State Use)	ORIGINAL SIGNE MIKE WILLIAMS				YAN	7 1990
	SUPERVISOR, DIS	SIRICI II T	mle		DATE	