		O	riginal Signed By	SEP 1 2 19 83
hereby certify that the in	O-LULL	*	duction Supervisor	OATE 9-8-83
	Nametta			
				·
up and tested (resumed drillin	to 1000 psi for	30 minutes, oka	y. Reduced hole to	7-7/8". Drilled plug and
9:45 PM 9-5-83. culated 45 sack	Class "C" 2% C . Bumped plug ks. WOC. Dril	aCl2. Compressi to 1000 psi, rel led out 5:00 PM	ve strength of ceme eased pressure and 9-7-83. WOC 43 hou	lsonite and 3% CaCl2. Tailed ent - 1250 psi in 12 hours. F float held okay. Cement cirers and 15 minutes. Nippled
1/4# celloseal 6:00 PM 9-2-83 TD 2462'. Ran 5 shoe set 2462'.	, 2% CaC12, 90 . WOC 6 hours. 57 joints 8-5/8 . Insert float	sacks Thixolite, Tagged cement " 28# J-55 ST&C set 2418'. Cen	, 1/2# Permacheck ar 1150'. Drilled out casing set 2462'. hented w/100 sacks T	nd 10# gilsonite/sacks. PD plug 12:00 AM 9-3-83. 1-Texas Pattern notched guide Phixolite. 1/2# Permacheck 10
Set lost circul	lation plug at	1303' as follows	: Spotted 60 sacks	ncluding estimated date of starting any proposed Class "C", 10#/sack gilsonit
OTHER	•			(4)
*ULL OR ALTER CABING	j	CHANGE PLANS	CASING TEST AND CEMENT JOB OTHER Intermedia	PLUG AND ABANDONMENT L
TERPORM REMEDIAL WORK]	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
Check Appropriate Box To Indicate Nature of Notice, Report or Ot NOTICE OF INTENTION TO: SUBSEQUENT				or Other Data QUENT REPORT OF:
		. Elevation (Show whether 3285 * GR		Eddy
West			S RANGE 28E	
UNIT LETTER M 330 FEET FROM THE SOUTH LINE AND 990 FEET FRO,				
207 South 4th St., Artesia, NM 88210				4
Yates Petroleum Corporation Address of Operator				Stonewall WM State
Name of Operator	OTHER-			8. Form or Lease Name
(DO NOT USE THIS FO	SUNDRY NOTICE	S AND REPORTS ON	I WELLS back to a different reservoir. ch propodals.)	7. Unit Agreement Name
OPERATOR			O. C. D. ARTESIA, OFFICE	5. State Off & Gas Lease No. K-6854
U.S.O.S.			SEP 09 1983	Sa. Indicate Type of Lease State X Fee
SANTA FE			V MEXICO 87501	Revised 10-1-
ENERGY AND MINERALS (TION DIVISION × RECEIVED BY	Form C-103
ENERGY AND MINIFRALS I	DEPARTMENT			

Supervisor District II

ITIONS OF APPROVAL, IF ANYI