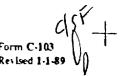
!	File	1 1	1
Submit 3 Copies to Appropriate District Office	BLM		
	Land Office		
	B o' M		
	Operator	\neg	



to Appropriate District Office Energy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89	
DISTRICT1 P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION	WELL API NO.	
P.O. Box 2088	30-015-26334	
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease	
<u>DISTRICT III</u> 100Q Rio Brazos Rd., Aziec, NM 87410	STATE FEE X	
"CONFIDENTIAL"	6. State Oil & Gas Lease No.	
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 Unit Agreement Name	
1. Type of Well:	-	
WELL X OTHER	Sidewinder	
2. Name of Operator	8. Well No.	
Yates Energy Corporation 3. Address of Operator	1	
P. O. Box 2323, Roswell, NM 88202-2323	9. Pool name or Wildcat Und. Crooked Creed (Morrow)	
4. Well Location	part erecked ereck (Norrew)	
	Feet From The West Line	
Section 20 Township 24-S Range 24-E	NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4277.6 GR		
11. Check Appropriate Box to Indicate Nature of Notice, J	Secretaria State S	
	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARII V ARANDONI		
PULL OR ALTER CASING CHANGE PLANS COMMENCE DRILLIN		
THER:OTHER:Plugging_back		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. work) SEE RULE 1103.		
6/28/90 TD 10,320', plugging well back.		
Plug #1 set @ 9918' w/30 sx. Class "C" cement.		
Plug #2 set @ 8400' w/30 sx. Class "C" cement.		
Plug #3 set @ 7674' w/30 sx. Class "C" cement. 6/29/90 Plug #4 set @ 5674' w/30 sx. Class "C" cement. Plug #5 set @ 3700' w/50 sx. Class "C" cement.	ESCEINED	
	JUL 23 '90	
	ARTESIA, OFFICE	
Thereby cartifu that the information of		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE ORANGE. Danillon TILE Landman	DATE 7-20-90	
TYPE OF PRINT NAME Sharon R. Hamilton	ТЕЛГЛЮНЕ НО. 623-4935	
(This space for State Use)		
ATTROVED BY TOLE SUPERVISOR	DATE AUG 1 3 1990	

CONDITIONS OF APPROVAL, IF ANY: