Submit 3 Copies to Appropriate District Office

State of New Mexico erals and Natural Resources Department Energy, 1

For	n C	-103	3
Rev	ised	1-1	-89

Form C-103	
Revised 1-1-89	

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

DISTRICT II Artecia NM 88210

OIL	CONSERVATION	DIVISION
	P.O. Box 2088	

Santa Fe, New Mexico 875042000

30-015-26875 5. Indicate Type of Lease

WELL API NO.

P.O. Drawer DD, Artesia, Pilot 60210		i	STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	F	FEB 2 5 1992	6. State Oil & Gas Lease No. V-2705	
SUNDRY NOTICES AND REPORTS OF AN OFFICE OF THE PORTS OF T	FOR PER	OH PLUG BACK TO A	7. Lease Name or Unit Agreement N	Varne
. Type of Well: OIL GAS WELL XX WELL OTHER			Graham AKB State	
Name of Operator YATES PETROLEUM CORPORATION			8. Well No.	
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Undes. Lost Tank De	laware
4. Well Location Unit Letter A: 660 Feet From The North	L	Line and330	Feet From TheEas	t Line
Section 2 Township 22S	Rai		NMPM Eddy	County
10. Elevation (Sho	GR GR	DF, RKB, RT, GR, etc.)		
Check Appropriate Box to In NOTICE OF INTENTION TO:	idicate N	Nature of Notice, R	eport, or Other Data SEQUENT REPORT O	F:
PLUG AND ABANDO	N	REMEDIAL WORK	ALTERING CA	SING
EMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING		IANDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	EMENTJOB L	X
OTHER:	_	·		
 Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103. 				
2-19-92. Ran 96 joints 8-5/8" 32# HC-float collar set 4157'. Cemented w/160+ 1/4#/sx Celloseal (yield 1.94, wt 12. wt 14.8). PD 5:15 PM 2-19-92. Bumped 275 sacks. WOC. Drilled out 5:30 PM 21000 psi for 15 mins. Reduced hole to	00 sx F .9). 7 plug t 2-20-92	Pacesetter Lite Tailed in w/200 to 1750 psi, re 2. WOC 24 hrs	"C" + $10\#/\text{sx}$ Salt + sx "C" + 2% CaCl2 (y leased pressure, held and 15 mins. NU and	j#/sx Gilson vield 1.32, l OK. Circulat
				·

	mation above is true and complete to the best of my kn	owiedge and belief. TITLE Production Supervisor	DATE
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-1471
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		FEB 2 8 1992
APPROVED BY	- SUPERVISOR, DISTRICT IF	mle	DATE ————

CONDITIONS OF APPROVAL, IF ANY: