Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-89	7

DISTRICT P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

P.O. Box 2088

VEI	L API NO.		
5.	Indicate Type of Lease	FEE	

Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 FFB 24'89 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 LG 1171 SUNDRY NOTICES AND REPORTS ON WELLS. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Flower AGA State 1. Type of Well: WELL SWD - Order No. 325 OTHER 8. Well No. 2. Name of Operator Yates Petroleum Corporation \ 9. Pool name or Wildcat 3. Address of Operator Undes. Delaware 105 South 4th St., Artesia, NM 88210 4. Well Location Unit Letter H: 1980 Feet From The North Line and 660 __ Feet From The __East_ Eddy County 28E **NMPM** 26S Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2940' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Convert to SWD well OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. NMOCD Order No. SWD-325. 1-20-89. Drilled CIBP 2533'. Tagged cement plug 2765'. Cleaned out to CIBP at 2780'. Drilled plug at 2780'. Pushed to 3300'. Circulated hole. Laid down tubing. 1-24-89. MIRU. WIH with 5-1/2" plastic-coated packer and 77 jts 2-3/8" plastic-coated tubing. Packer set at 2503'. 2-22-89. Waiting on electricity. Perforations (existing) 2552-60' and 2823-33'. Well ready for injection. Formation - Delaware. SWD I hereby certify that the information above is true and complete to the best of my knowledge and belief. __ DATE 2-22-89 _____ mmr_Production Supervisor_ SIGNATURE TELEPHONE NO. 505/748-1471Juanita Goodlett TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY --

Original Signed By

TOTE -

FEB 2 8 1989

CONDITIONS OF APPROVAL, IF ANY: