ENHANGE CLANGE METAL TON BE YOUR THE	•					
(6-144] IL CONS	ERVATION	DIVISION			
DISTRIBUTION	1	B. O. BOX 2088	RECL ED		Form C-103	
SANTA FE	SANTAF	E, NEW MEXIC	O 87501		Revised 10-1-7	
FILE	4		MAD 1 1 1000	Sa, Indicate Type	of Leuse	
U.1.G.\$.	4		MAR 1 1 1932	State X	Fee	
DERATOR /	4		4.	5, State Cli & Go		
OFFIXION I	J		O. C. D.			
			ARTESIA, OFFICE	LG-2463	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
SUNDR	RY NOTICES AND REPO	RTS ON WELLS	FFERENT RESERVOIR.			
(SE "APP, ICAT	TON FOR PERMIT !! (FORM C-10	TIFER SUCH PROPUSAL	8.)			
· OIL				7. Unit Agreemer	it Nam e	
weight weight	OTHER-					
Name of Operator					8. Farm or Lease Name	
Yates Petroleum Cor	poration /			Papalote	OI State	
, Address of Operator				9. Well No.		
207 South 4th St.,	Artesia, NM 88210			2		
. Location of Well				10, Field and Pa	ol, or Wildcat	
UNIT LETTERM	660	South	660	Pecos Slop	e-Abo Gas	
UNIT LETTER	FEET FROM THE	LINE AN	D 000 PEET	TITITITI	mmm	
bles et	16	70	25 0			
THE West LINE, SECTION	OH TOWNSHIP	AANG	ce 25E	MPH. () () ()		
THITTHING TO THE	15. Elevation (Sho		P		7,44,44,44,4	
	13. Elevation (Sho		Λ, ειε.)	12. County Chaves		
<i>`TITITITI'''</i>		3781' GR		Chaves	<u> </u>	
Check /	Appropriate Box To Inc	licate Nature of	Notice, Report of	Other Data		
	NTENTION TO:	1	-	ENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ASA	NDON REMEDIAL	WORK	ALTER	ING CASING	
TEMPORARILY ABANDON		COMMENCE	E DRILLING OPNS.		IND ABANDONMENT	
PULL OR ALTER CABING	CHANGE PLANS	<u></u>	ST AND CEMENT JOB			
			Intermediate	casing	X	
DIMER					<u>L_:</u> :	
7. Describe Proposed or Completed Op	perations (Clearly state all per	tinent details, and gir	ve pertinent dates, incli	uding estimated date of	starting any proposed	
work) SEE RULE 1103.						
Ran 39 joints of 7" at 1627'. Insert f Tailed in w/l sack 750 psi, released p WOC 24 hours. Nipp plug and resumed dr	float at 1584'. Ce CaCl ₂ and 1 sack foressure and float oled up and tested	mented w/150 locele. PD 1 held okay. W	sacks Howco "C 2:49 AM 2-26-8 MC. Drilled o	" and .5% CFR-: 2. Bumped plug ut at 12:50 AM	2. g to 2-27-82.	
3. I hereby certify that the information	spove is true and complete to	the best of my knowle	edge and belief.			
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my leanted a	dete "	rır <u>Engineeri</u>	ng Secretary	DATE3-9	9-82	
4						
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ONDITIONS OF APPROVAL, IF ANY: