Submit 3 Copies to Appropriate District Office

State of New Mexico Energ,, Minerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-89

District Office		•	CISN'
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED		WELL API NO. 30-005-62705
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		FEB 14 '90	STATE FEE X 6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	OPARILUG BACK TOP A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL WELL XX	OTHER		Geneva UI
2. Name of Operator YATES PETROLEUM CORPORA	ATION (505) 748-14	471	8. Well No. 2
3. Address of Operator 105 South 4th St., Arte	sia, NM 88210		9. Pool name or Wildcat Pecos Slope Abo
4. Well Location Unit Letter B :660	Feet From The North	Line and 198	80 Feet From The <u>East</u> Line
Section 20	10. Elevation (Show whether		NMPM Chaves County
11. Check A NOTICE OF INT	Appropriate Box to Indicate I ENTION TO:		eport, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		OTHER: Product:	ion Casing, Perforate, Treat X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ons (Clearly state all pertinent details, an	nd give pertinent dates, inclu	iding estimated date of starting any proposed
4115'. Guide shoe set 500 gals Surebond, 500	4115, float collar set sx 65/35 "C" w/.7% CF- PD 10:15 PM 2-1-90.	t 4072'. Cemen -1, 1/2# Cellose	" 9.5# J-55 ST&C casing set nted w/500 gals Excellogel, eal, 5# Hyseal and 5# salt/sx 1400 psi for 3 minutes, float
			holes), $3795-98$ ' (4 holes) and hree stages w/2700 gals $7\frac{1}{2}\%$
I hereby certify that the information above is true		Described to	2-13-90
SIGNATURE CONTRACTOR Juanita Go	odeltt	rroduction	Supervisor DATE 2-13-90 TELEPHONE NO. 505/748-147
TYPE OR PRINT NAME			HAZZ FORD FOR TO ST T TO ST T T
(This space for State Use) ORIGIN	VAL SIGNED BY		FFR 2.1 1990