Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	5,-
Revised 1-1-89	10
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	Revised 1-1-89	Vρ	
LL API NO.	· · · · · · · · · · · · · · · · · · ·		
0-005-62775			

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION P.O. Box 200		WELL API NO. 30-005-62775
P.O. Box 1980, Hoods, NM 88210 P.O. Box 208 P.O. Box 208 Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210	87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	APR 16 '90	6. State Oil & Gas Lease No. LG 5246
SUNDRY NOTICES AND REPORTS ON WEI (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	I OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER		Pathfinder AFT State
2. Name of Operator YATES PETROLEUM CORPORATION		8. Well No. 7
3. Address of Operator 105 South 4th St., Artesia, NM 88210		9. Pool name or Wildcat Diablo San Andres
4. Well Location	Line and165	. O Feet From The West Line
Section 21 Township 10S R 10. Elevation (Show whether 3835' 11. Check Appropriate Box to Indicate NOTICE OF INTENTION TO:	GR Nature of Notice, R	Chaves County Report, or Other Data BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB X	
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, a work) SEE RULE 1103.		
Reached TD to run casing 4-6-90. Ran 14 Guide shoe set 570', insert float set 52 1/4#/sx Celloseal + 2% CaCl2 (Yield 2.02, w/2% Cacl (yield 1.32, wt, 14.8). PD 5: released pressure and float held okay. Nipple up and drill cement. Resumed dril	9'. Cemented w wt 12.06). Ta 00 PM 4-7-90. Circulated 60 s	//250 sx Pacesetter C w/ iled in w/150 sx Class C Bumped plug to 400 psi,
I hereby certify that the information above is true and complete to the best of my knowledge an	d belief. The Production S	Supervisor DATE 4-10-90
Ivanita Coodlett	me Troduction S	TELEPHONE NO. 505/748-147
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SHEERWISOR DISTRICT 19 T	me	DATE APR 1 7 1990