Submit 3 Copies to Appropriate District Office

11.

OTHER:

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Form C-103	
Form C-103 () P	
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DIS	RICTI			
DA	Boy 108	n Habbe	NM	88240

- Submit 3 Copies to Appropriate District Office	Santa Fe, New Mexico 87504-2088		Form C-103 C\S\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			30-005-62775 5. Indicate Type of Lease STATE X FEE	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" ARRESM., OFFICE (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
I. Type of Well: OB. GAS WELL X WELL	Well:		Pathfinder AFT State	
2. Name of Operator YATES PETROLEUM CORPO	RATION /		8. Well No.	
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Diablo SA	
4. Well Location Unit Letter $F : 23$	10 Feet From The North	Line and 1650	Feet From The West Line	
Section 21	Township 10S Ran 10. Elevation (Show whether L		NMPM Chaves County	
11. Check NOTICE OF IN	Appropriate Box to Indicate NITENTION TO:		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		
OTHER:		OTHER: Perforate, Treat		
work) SEE RULE 1103. 8-8-90. Perforated 248 Acidized perforations was Acidized perforations 2	38-2506', 2556-2580' and v/3000 gals 20% NEFE acio 2488-2626' (via 5½" casio 00# block and ball seale:	2608-2626' w/3 d in three stag ng) w/15000 ga	ls 20% NEFE acid, in 3 -	

I hereby certify that the informa	tion above is true and complete to the best of my knowle	dge and belief.	
SIGNATURE	Was rodlen	mue Production Supervisor	DATE 8-13-90
TYPE OR PRINT NAME	Juanita Goodlett		тецерноме No. 505/748-1471
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		AUG 2 0 1990

APPROVED BY ---CONDITIONS OF APPROVAL, IF ANY: