 Submit 3 Copies	State of New Me		तर्झा	
to Appropriate District Office	Energy, ivanerals and Natural Ro	esources Department	$ \psi$	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO.	
DISTRICT II Santa Fe. New Mexico 87504-208			30-005-63	3253
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease ST	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		CO-200	6. State Oil & Gas Lease N V-450	
( DO NOT USE THIS FORM FOR PRO	ICES AND REPORTS ON WEI OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agr	reement Name
1. Type of Well: OIL GAS		OCD .	Samedan ATH	State
OIL WELL X   2. Name of Operator X	OTHER		8. Well No.	
YATES PETROLEUM CORPOR	ATION	10168195	2	
3. Address of Operator			9. Pool name or Wildcat Wildcat Ordo	vician
105 South 4th St., Art 4. Well Location	esia, NM 88210		wildcat oldo	Vician
4. Well Location Unit Letter $\underline{P}$ : <u>66</u>	0 Feet From The South	Line and660	0 Feet From The	East Line
			Chava	
Section 35	Township 105 R	ange 26E	NMPM Chave	S County
	///////	5' GR		
	Appropriate Box to Indicate		leport, or Other Data	
NOTICE OF IN		I SUE	<b>SEQUENT REPO</b>	RT OF:
[				
		REMEDIAL WORK		L3
	CHANGE PLANS	COMMENCE DRILLIN		
PULL OR ALTER CASING		CASING TEST AND C		· · · · · · · · · · · · · · · · · · ·
OTHER:		surface	onductor, resume casing & cement	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.				
Spudded a 26" hole wi 40' of 20" conductor of spud. Resumed dri	th rat hole machine at pipe. Cemented to sur lling a 12–1/4" hole w	ith rotary tool	s at 4:00 AM 6-3-	2000.
of casing set at 1092 set at 1049'. Cement 1/4#/sack D-29 (yield and 1/4#/sack D-29 (y	at 7:45 AM 6-4-2000. . 1-Texas Pattern no red with 500 sacks of P 1 1.99, weight 12.6). rield 1.32, weight 14.8 20 sacks. WOC. Nippl PM 6-5-2000. WOC 26 ho	oz C (65-35), 6 Tailed in with ). PD 2:15 PM	7 D-20 bentonite, 200 sacks "C" and 6-4-2000. Bumped d to 500 psi for	2% CaCl2 and 2% CaCl2 plug to 500 30 minutes, OK.
Λ.				
I hereby certify that the information above a t	rue and complete to the best of my knowledge a	ad belief.	m i tita	T 1 01 0000
SKONATURE THETHE	lin	Operations	Technician PA	TE _JULY 31, 2000
TYPE OR PRINT NAME RUSTY KLE	ln		ŢE	LEPHONE NO. 505/748-14
(This space for State Use) SUPERI	VISOR, DISTRICT II			
(Balanca) and a				8-25-08