Submit 3 Copies to Appropriate District Office	State of New Me Energy, Minerals and Natural Re		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-30700	
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			STATE X FEE 6. State Oil & Gas Lease No. V-1259	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS ON WEL ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL] OTHER		Woodstock State Unit	
2. Name of Operator YATES PETROLEUM CORPORATION		8. Well No.		
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Wildcat Abo	
4. Well Location			1	
Unit Letter : 66	50 Feet From The South	Line and 54	0 Feet From The <u>East</u> Line	
Section 5			NMPM Lea County	
	10. Elevation (Show whether 4387.5'	•		
11. Check	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	
		REMEDIAL WORK		
		COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:				
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	rations (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed	
8-5/8" J-55 24# casi w/750 sx Lite with 2 Circulated 25 sacks. NMOCD, Hobbs at 3:00 NU and tested to 100	ing set 1873', Guide sh 2% CaCl + 1/4#/sx Flocel . PD 4:45 AM 11-2-89.) PM 11-1-89.	oe set 1873', i e . Tailed in Bumped plug to OC 12 hours. Dr	bs, NM, of spud. Ran 43 joints nsert float set 1831'. Cemented w/200 sx Class C with 2% CaCl. 750 psi, held okay. Notified rest for a filled out 4:45 PM 11-289.	
I hereby certify that the information above is tr	nue and complete to the best of my knowledge and	belief.	······································	
I hereby certify that the information above is to SKONATURE		belief. Production Su	pervisor 11-13-89	
SKONATURE A anta			pervisor DATE11-13-89 Telephone no. 505/748-147	
SKONATURE A Contation TYPE OR PRINT NAME Juanit	Soullier m			

CONDITIONS OF	APPROVAL,	F ANY:
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