Submit 3 Copies to Appropriate District Office

State of New Mexico

Energy inerais and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

WELL API NO. 30-025-31181	
5. Indicate Type of Lease STATE	FEE X
6. State Oil & Gas Lease No.	

O. Box 1980, Hobbs, NM 88240 P.O. Box 2088  ISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025-31181	
		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS	S ON WELLS		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL OTHER		Fort AIO	
2. Name of Operator		8. Well No.	
YATES PETROLEUM CORPORATION		9. Pool name or Wildcat	
3. Address of Operator 105 South 4th St., Artesia, NM 88210		Wildcat Penn	
4. Well Location		_	
Unit Letter P: 330 Feet From The Sou	ith Line and 9	90 Feet From The East Line	
Sertion 20 Township 13S	Range 34E	NMPM Lea County	
Section 10wnsnip 10. Elevation (	Show whether DF, RKB, RT, GR, esc.)		
	4157' GR	Person or Other Data	
11. Check Appropriate Box to	Indicate Nature of Notice	UBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO:	_	_	
PERFORM REMEDIAL WORK PLUG AND ABANI	DON REMEDIAL WORK	REMEDIAL WORK ALTERING CASING	
MPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND	CASING TEST AND CEMENT JOB	
	OTHER. Check	OTHER: Check for packer leak.	
OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertu- work) SEE RULE 1103.	inent details, and give pertinent dates, i	including estimated date of starting any proposed	
5-15-91. Well on 9:00 PM.			
5_20_01 RUPU NU BOP. TOH with to	ibing and anchor. TI	H with Uni V packer and 334 joints	
2-7/8" N-80 tubing. Set packer at 10	0732'. ND BOP, NU well	.1 head. Rig up swap. Initial Fi	
9700'. Made run from seating nipple swab run to check for packer leak.	. Circulated 20 bbis No indication of pack	ter leak. RU and ran 72 hour bomb.	
RDPU.			
6-11-91. TP 540# and CP 0#.			
6-13-91. TP 540#			
6-18-91. TP 580#			
I hereby certify that the information above is true and complete to the best of n	ny knowledge and belief.	6-21-91	
constitute Doublin	mue Production	1 Supervisor DATE	
SIGNATURE COMPANY Juanita Goodlett		TELEPHONE NO. 505/748-147	
TYPE OR PRINT NAME JUBINITIES GOODLIECT			
(This space for State Use)			

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APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: