STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

us. or tarilb accesves	L	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 20	8 8 [.]	Revised 10-1-78
SANTA PE	SANTA FE, NEW ME	XICO 87501	
V.S.G.S.			5a. Indicate Type of Leuse
LAND OFFICE			State X Fee
OPERATOR	•		5, State Oll & Gas Lease No.
			LG 2252
SUNDRY	NOTICES AND REPORTS ON WEL	LS	
(OD NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "AFPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)			
			7. Unit Agreement Name
MELL XX MELL	OTHER-	•	
Name of Operator		8. Farm or Lease Name	
Yates Petroleum Corporation			Kochia AAM State
Address of Operator			9. Well No.
207 South 4th	St., Artesia, NM 88210		1
Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER 0 9	190 FEET FROM THE South	INE AND 2310	Dean Permo Penn
East LINE, SECTION 35 TOWNSHIP 158 MANGE 36E NMPM.			MPM. ()
	15. Elevation (Show whether DF, F	RT, GR, etc.)	12. County
	3855.1' GR		Lea
Check A	ppropriate Box To Indicate Natur	e of Notice, Report or	Other Data
NOTICE OF IN		-	ENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON REM	MEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON		AMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	CHANGE PLANS CAS	SING TEST AND CEMENT JOB	
		OTHER_ Intermedi	late Casing X
OTHER			
7. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent details, a	and give pertinent dates, inclu	uding estimated date of starting any proposed
notched guide shoe Halliburton Lite, 1 "C" 2% CaCl2. Comp Bumped plug to 1750 sacks to surface. Drilled out 7:00 AM	ijts of 8-5/8" 32# J-55 N-8 set at 4922'. Float collar 5#/sack salt and 1/4#/sack ressive strength of cement psi, released pressure and WOC. 10-2-84. WOC 24 hours. C for 30 minutes, OK. Reduce	set at 4883'. Ce flocele. Tailed i - 1250 psi in 12 h I float held okay.	emented w/2100 sacks in w/250 sacks Class ers. PD 7:00 AM 10-1-84. Cement circulated 8
B. I hereby certify that the information a	shove is true and complete to the best of my	knowledge and belief.	
uned a levila &		ction Supervisor	DATE 10-25-84
Eddie W. Seay			OCT 29 1984
ONDITIONS OF APPROVAL, IF ANY	YITLE		DATE
UNDITIONS OF APPROVAL, IF ANY!			

RECEIVED.

OCT 29 1984