Submit 3 Copies to Appropriate District Office

State of New Mexico Energy,erals and Natural Resources Department

Form	C-	103	ì
Revis	ed :	1-1	8

DISTRICT I P.O. 30x 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.

- DATE -

T.U. DOX 2000			30-025-31073		
Santa Fe, New Mexico 87504-2088 3.0. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X	FEE	
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. VB-11	FEE			
SUNDRY NOTICES	S AND REPORTS ON WE	ELLS			
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOII (FORM C-101)	7. Lease Name or Unit Agreement Nam	ne			
1. Type of Well: OIL X GAS WELL X WELL	OTHER		Hour Glass State Unit		
2. Name of Operator YATES PETROLEUM CORPORA:	TION (505)	748-1471	8. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
105 South 4th St., Artes	sia, New Mexico 88	3210	South Vacuum Bone Spr	ings	
Unit Letter A : 660	Feet From The North	Line and 660	Feet From The East	Line	
Section 16			NMPM Lea	County	
	10. Elevation (Show whether 3919 'GI	• •			
11. Check App	ropriate Box to Indicate		eport, or Other Data		
NOTICE OF INTEN	•	· .	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASIN	g 🗆	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING			
PULL OR ALTER CASING		CASING TEST AND CE	· ·		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details,	and give pertinent dates, includ	ling estimated date of starting any propose	d	
Spudded 24" hole 11:00 A 4 yards. Notified Bonni Resumed drilling 17½" ho 415'. Guide shoe set 41 (yield 1.32, wt 14.8). and float did not hold. WOC 13 hrs. NU and tese Resumed drilling.	e, NMOCD, Hobbs, on the 3:15 PM 12-1-90 5', insert float s PD 2:30 PM 12-2-90 Shut cement head into 1000 psi for	f spud. Ran 10 jts 13-et 373'. Cement Bumped plug to n with 250 psi. 30 minutes, OK.	-3/8" 54.5# J-55 casing ted w/400 sx "C" + 2% C > 500 psi, released pre Cement circulated 25 s	set aC12 ssure	
personal in in					
I hereby certify that the information above is true and	complete to the best of my knowledge as	nd beilef.	pervisor pare 12-6-	90	
	complete to the best of my innowledge as	nd beilef.		90 05/748-147	

APPROVED BY-