

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clerk
DP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-23793

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS 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.)

RECEIVED
MAR 15 1991

7. Lease Name or Unit Agreement Name

1. Type of Well:
OB. WELL GAS WELL OTHER O. C. D. ARTESIA, OFFICE

Sharp QS Com

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471

8. Well No.
1

3. Address of Operator
105 South 4th St., Artesia, New Mexico 88210

9. Pool name or Wildcat
Undes. Wolfcamp

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 4 Township 17S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3356' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER: Add perforations - Wolfcamp

SUBSEQUENT REPORT OF:
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT
OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Current ^{Abc} Wolfcamp perforations 5378-92' are marginally economic. Propose to add additional ^{Abc} Wolfcamp perforations 5449-5478' (10 holes). Will acidize perforations 5449-5478' w/2000 gals 20% NEFE HCL acid. Swab test well and return to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 3-13-91
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
APPROVED BY _____ TITLE _____ DATE APR 3 1991
CONDITIONS OF APPROVAL, IF ANY: