1				
Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 ( ) Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-015-29539  5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE XX FEE   6. State Oil & Gas Lease No.  K-3402	
SUNDRY NOTI ( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	7. Lease Name or Unit Agreement Name			
1. Type of Well: Oil. GAS WELL X	OTHER		Stonewall DD State	
2. Name of Operator YATES PETROLEUM CORPOR	ATION		8. Well No.	
3. Address of Operator 105 South 4th St., Art	esia, NM 88210	11 - 23 (14)	9. Pool name or Wildcat Burton Flat Morrow Gas	
4. Well Location  Unit Letter $E: 165$	O Feet From The North	Line and 99	O Feet From The West Line	
Section 20	10. Elevation (Show whether		NMPM Eddy County	
11. Check NOTICE OF IN	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Perforate & acidize		
work) SEE RULE 1103. 7-4-7-97 - Flow & swa 7-8-97 - Opened well and RBP. Reset RBP a 7-9-97 - Rigged up wi .40" holes (4 SPF - S packer to 10236'. Sp Reversed 3 bbls. Nip 500 psi. Acidized pe	b. Shut well in. and bled down. Swabbed t 10900'. Reversed out reline. TIH with 4" ca trawn). TOOH with cas: ot 1-1/2 bbls 15% iron pled down BOP & nipple	d & flowed. Lost tubing. Test asing guns and ricontrol HCL acd up tree. Set	aded tubing. Released packer ed RBP to 2000 psi. T00H. perforated 10224-10232' w/32 gged down wireline. TIH with id. Pulled up to 10171'. packer. Pressured annulus to lons 15% iron control HCL acid n.	

7-10-97 - Opened well and flared to pit. Shut well in. Released well to production department.

I hereby certify that the information above is true a	per complete to the best of my knowledge and belief	•		
SIGNATURE Kusty	Yeu TITLE -	Operations	Technician DATE J	uly 25, 1997
TYPEOR PRINT NAME Rusty Klein	<i></i>		TELEPHO	ие NO. 505/748-1471

- TITLE -

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR