Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 + 2/5

DISTRICT I P.O. Box 1980, Hobbs, NM 88	OIL CO	NSERVATIO P.O. Box 208		WELL API NO.			
DISTRICT II	Fe, New Mexico		30-015-27019				
P.O. Drawer DD, Artesia, NM	88210	KECEIVED		5. Indicate Type of Le	STATE X FE	E 🗌	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NI	M 87410	APR 2 1	1993	6. State Oil & Gas Les V-3589	se No.		
(DO NOT USE THIS FORM	RY NOTICES AND R I FOR PROPOSALS TO D NT RESERVOIR. USE "A (FORM C-101) FOR SUC	RILL OR TO DEEPEN PPLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name or Unit			
I. Type of Well: OIL WELL X	GAS WELL	OTHER		Pauline AI	LB State		
2. Name of Operator YATES PETROLEUM	CORPORATION			8. Well No.			
3. Address of Operator	CORTORATION		········	9. Pool name or Wilde			
105 South 4th St	., Artesia, NM	88210	•	West Sand Dur			
4. Well Location							
Unit LetterK	: 1980 Feet From	The South	Line and198	Feet From The	. West	Line	
Section 32	Township		nge 31E 31	NMPM E	Iddy c	County	
	//////////////////////////////////////	Elevation (Show whether 3367'	•				
<i>/////////////////////////////////////</i>	Check Appropriate		···	Report, or Other D	<u>/////////////////////////////////////</u>		
	· · · · · · · · · · · · · · · · · · ·				SSEQUENT REPORT OF:		
ERFORM REMEDIAL WOR	K PLUG AN	ND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING		
EMPORARILY ABANDON	CHANGE	PLANS	COMMENCE DRILLING		UG AND ABANDONN	IENT 🗍	
ULL OR ALTER CASING			CASING TEST AND C		DO AND ADAMOUNI		
OTHER:		. \Box	OTHER: Frac We			X	
//nen	·····		OTHER:				
12. Describe Proposed or Compwork) SEE RULE 1103.	pleted Operations (Clearly sta	te all pertinent details, an	d give pertinent dates, incli	uding estimated date of sta	rting any proposed		
•	DATED 12-1-92 TO	ADD DELAWARE	PERFORATIONS 7	120-7509'. WO	RK WAS NOT DO	ONE.	
4-14-93. Frac XL gel with 13	c'd existing per L5000# 20/40 Bra	forations 774 dy sand, 6000	1–7864' (via 5– 0# 16/30 resin–	-1/2" casing) w -coated sand.	rith 6000 gals	s 35#	
11 1 22 22 23 23 2							
I hereby certify that the informatio	4 .	1					
SIGNATURE CAN	reta Doodl	<i>LM</i> m	Production S	upervisor	DATE 4-20-93		
TYPE OR PRINT NAME	Juanita Goodlet	t			TELEPHONE NO. 505/	748-147	
(This space for State Use)	ORIGINALISIGNE				ADD O	e 1003	
APPROVED BY-	SUPERVISOR, DIS	TRICT IF TO	æ		DATE	6 1993	
CONDITIONS OF APPROVAL, IF AN							