

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

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

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

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

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 814
7. Lease Name or Unit Agreement Name Woodpecker SY State
8. Well No. 5
9. Pool name or Wildcat Saunders Permo Upper Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4211.9' GR

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471
3. Address of Operator 105 South 4th St., Artesia, New Mexico 88210	4. Well Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 21 Township 14S Range 33E NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: Perforate additional perms existing zone <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Well presently completed in perforations 9886-9962'. Propose to add additional perforations @ 9782-9867'. Will treat perforations 9782-9867' w/4250 gals 15% NEFE acid + ball sealers.

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 1-15-91
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space (or State Use) ORIGINAL APPROVED BY JERRY SEXTON
IMMEDIATE SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 17 1991

REC'D

JAN 16 1991

U.S.
HOUSE OF REPRESENTATIVES