

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
~~E-1952~~ **LG2247**

**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.)

OIL WELL  GAS WELL  OTHER- **Re-Entry**

Name of Operator  
**Yates Petroleum Corporation**

Address of Operator  
**207 South 4th St., Artesia, NM 88210**

Location of Well  
UNIT LETTER **K** **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM  
THE **West** LINE, SECTION **19** TOWNSHIP **11S** RANGE **35E** N44PM.

7. Unit Agreement Name  
8. Farm or Lease Name  
**Lonestar "AAI" State**

9. Well No.  
**1**

10. Field and Pool, or Wildcat  
**Wildcat**

15. Elevation (Show whether DF, RT, GR, etc.)  
**4139.6' GR**

12. County  
**Lea**

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <b>Perforate &amp; Treat</b> <input checked="" type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

**TD 10636'**. WIH and perforated 10373-95' w/9 .42" holes as follows: 10373, 74, 75, 76, 77 (1 SPF) and 10395' (4 SPF). Treated perforations 10373-10395' w/2500 gals 15% NEFE acid. Flowed well and recovered load. Ran tubing. Prep to install pumping equipment.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

CHANGED BY *Eddie W. Seay* TITLE Production Supervisor DATE 10-24-84

APPROVED BY **Eddie W. Seay** TITLE Oil & Gas Inspector DATE **OCT 29 1984**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 25 1984

O.C.D.  
HOURS OFFICE