Submit 3 Copies to Appropriate District Office

State of New Mexico En , Minerals and Natural Resources Department

Form C-103	
Revised 1-1-89	,

DISTRICT I

OIL CONSERVATION DIVISION WELL ARENO

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2086CEVED		30-015-26586	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE	
1000 NO DIEME RU, MEC, 1919 67410		O. V. U.	6. State Oil & Gas Lease No. V-1673	
	AND REPORTS ON WEL			
	ALS TO DRILL OR TO DEEPEN 1. USE "APPLICATION FOR PEF FOR SUCH PROPOSALS.)	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well:			Lost Tank AIS State	
OIL GAS WELL	OTHER			
2. Name of Operator VATES RETROLEUM CORRORATE	TON (505) 3/	0.3/3-	8. Well No.	
YATES PETROLEUM CORPORAT 3. Address of Operator	TION (505) 74	18-14/1	9. Pool name or Wildcat	
105 South 4th St., Artes	ia. New Mexico 882	210	Wildcat Delaware	
4. Well Location	Tay New Healto 502	.10	WITUCAL Delaware	
Unit Letter N: 660 F	ect From The South	Line and 1980	Feet From TheWest Line	
Section 36 T	Cownship 21S Ran		NMPM Eddy County	
	10. Elevation (Show whether I		<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	///			
_ _ ~	opriate Box to Indicate N		· -	
NOTICE OF INTENT	TION TO:	SUBSEQUENT 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: Perforat	te, Treat XX	
12. Describe Proposed or Completed Operations (C work) SEE RULE 1103.	Clearly state all persinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed	
			and 8390' (2 SPF-6 shots)	
.42" holes. Acidized perfs			d.	
	dry. No show oil or			
			83-7084' w/46 .42" holes as	
follows: 6/83, 84, 85, 92,	, 93, 99, 6800, 03,	0/, 08, 09, 10	(24 holes-2 SPF) and 7055, 60,	
			ed perfs 7055-84' $w/2000$ gals $7\frac{1}{2}$	
NEFE acid and eprfs 6783-68 3-2-91. Set pumping equipments		% NEFE acid. St	wanned and flowed well.	
5-2-71. See pumping equip	ment.			
		,		
I hereby certify that the information above is true and co				
SIONATURE CLANITY NO	odlett m	Production Su	pervisor DATE 3-7-91	

TYPEOR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IF TILE -

MAR 1 3 1991

- DATE -

CONDITIONS OF APPROVAL, IF ANY: