

Submit 3 Copies to Appropriate District Office

B.L.M.		
Land Office		
B.C.M.		
Operator		

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 *dst DP +*

OIL CONSERVATION DIVISION
 RECEIVED
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088
 OCT 15 '90

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

WELL API NO. 30-015-26334
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sidewinder
8. Well No. 1
9. Pool name or Wildcat Und. Crooked Creek (Morrow)

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 GAS WELL OTHER

2. Name of Operator
 Yates Energy Corporation ✓

3. Address of Operator
 P. O. Box 2323, Roswell, NM 88202-2323

4. Well Location
 Unit Letter F : 2310 Feet From The North Line and 1980 Feet From The West Line

Section 20 Township 24-S Range 24-E NNMPM Eddy County

10. Elevation (Show whether *DF, RAB, RT, GR, etc.*)
4277.6 GR

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Perforate and Treatment</u> <input checked="" type="checkbox"/>	

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.

7/23/90 Loaded tbg. w/21.5 bbls. 2% KCL wtr. Released pkr. and reversed w/30 bbls. 2% KCL wtr. Set CIBP @ 3265', capped w/18' of cement on top. Went in hole w/3 3/16" jets in tool, 1 jt. tbg., 1 6' sub and 88 jts. tbg. Ran correlation log, positioned tool @ 2930' KB. jetted w/sand for 15 min., followed w/200 gals. 15% NEFE acid w/PENN 88. Moved to 2923' KB., jetted w/sand for 15 min., followed w/200 gals. 15% NEFE acid w/PENN 88. Went in hole to 2932', reversed out w/70 bbls. 2% KCL wtr. Spotted 600 gals. 15% NEFE acid w/PENN 88. Bled off and TOOH w/tools. Went in hole w/pkr., 4' sub, "FL" on-off tool and 87 jts. tbg. Reversed w/20 bbls. 2% KCL wtr. Removed BOP, set pkr. @ 2872' KB. w/10,000# compression. Installed tubing valve and well head.

7/24/90 Fraced w/10,000 gals. 70 quality 50/50 Methanol foam, w/15,000# 20/40 sand and 6,000# 12/20 sand. Flowing back load.

7/26/90 Rigged up swab.

7/31/90 Installed BOP and unseat pkr. TOOH w/tbg. Ran in hole w/1 jt. 2 7/8" tbg., perforated nipple, SN, and 90 jts. 2 7/8" tbg., set @ 3011' KBW/SN @ 2973' KB. (over)

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

SIGNATURE Sharon R. Hamilton TITLE Landman DATE 10/11/90

TYPE OF PRINT NAME Sharon R. Hamilton TELEPHONE NO. (505)623-4935

(This space for State Use) ORIGINAL SIGNED BY
 MIKE WILLIAMS
 SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 30 1990

CONDITIONS OF APPROVAL, IF ANY:

7/31/90 Prep to set pumping unit.

8/01/90 Well on pump for production test.