

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
LG 3345

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Hoover ADR State
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Well No. 6
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE. SECTION <u>1</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Withcat Maljamar Grayburg SA
15. Elevation (Show whether DF, RT, GR, etc.) 4148.7' GR	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER AMENDED REPORT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

AMENDED REPORT *

7-20-87. Set CIBP at 4650'. WIH and perforated 4470-4526' w/11 . 42" holes as follows: 4470-74' (5 holes) and 4521-26' (6 holes). Acidized perforations 4521-26' w/1000 gals 7½% NEFE acid. Acidized perforations 4470-74' w/1000 gals 7½% NEFE acid. *Set bridge plug at 4500' and packer 4435'. Swabbed well. Released bridge plug and packer. Set pumping unit. Perforations open: 4596-4600'; 4521-26'; 4470-74'.

Amended report to show perforations 4596-4600' open.

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

SIGNED Jerry Sexton TITLE Production Supervisor DATE 8/26/87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE AUG 28 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 27 1997
OCD
HOBBS OFFICE