

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY
OCT -9 1986

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG 4920

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO PLUG OR FOR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS" FORM C-101 FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Ibis XU State
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>9S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat Gas Four Ranch Pre-Permian
15. Elevation (Show whether DF, RT, CR, etc.) 3794.8' GR	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
SUBSEQUENT REPORT OF:

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 JOBS <input type="checkbox"/>	OTHER <u>Swab testing well</u> <input checked="" type="checkbox"/>

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 1103.

9-11-86. Opened w/3/4" blow for 15 mins., dry and died. Made 5 swab runs and recovered 15 bbls.
9-16-86. Blew well down in 15 mins, no fluid. Made 1 swab run and well flowed back 5 - 6 bbls of water in 2 hrs. Made six more runs and swabbed 15 bbls fluid with constant gas cut.
9-17-86. Flowed 60-80# on 32/64" choke. Recovered 18 bbls. SI for pressure build up. Dropped 1 soap stick.
9-18-86. Swabbed 6 bbls, no flow.
9-19-86. Opened on 3/4" choke and blew down. No fluid. Made 4 swab runs and recovered 12 bbls.
9-22-86. Make 1 swab run and recovered 6 bbls. Well kicked off and flowed 2 hrs. Recovered 2 bbls. Continued swabbing.
9-23-86. Continued swabbing - recovered 9 bbls water.
9-24-86. Continued swabbing - recovered 9 bbls water.
9-27-86. Opened and blew down on 3/4" choke in 10 minues (no fluid). Left open. Well kicked 10# - 50# for 30 minutes. Flowed 5-6 bbls water before stabilizing with very light mist.
9-28-86. Opened and blew down on 3/8" choke in 15 minutes (no fluid).
9-29-86. Dropped soap stick. Left shut in.

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

SIGNED Les A. Clements TITLE Production Supervisor DATE 10-8-86
Original Signed By
Les A. Clements
Supervisor District II
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 14 1986

