Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Mirierals and Natural Resources Department		Form C-103 Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 RESULTING New Mexico 87504-2088		WELL API NO. 30-015-23793	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO CRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL WELL WELL X	Type of Well:		Sharp QS Com	
2. Name of Operator YATES PETROLEUM CORPORATION (505) 748-1471			8. Well No. 1	
3. Address of Operator 105 South 4th St., A	rtagia Nou Mariaa 9	8210	9. Pool name or Wildcat Undes. Wolfcamp	
Section 4 Section 4 II. Check NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	10. Elevation (Show wheth 335) Appropriate Box to Indicate	er DF, RKB, RT, GR, etc.) 6' GR e Nature of Notice, R SUB REMEDIAL WORK CASING TEST AND CI	BSEQUENT REPORT OF:	
12. Describe Proposed or Completed Oper- work) SEE RULE 1103.	ations (Clearly state all pertinent details	, and give pertinent dates, inclu	uding estimated date of starting any proposed	
4-25-90. WIH w/pack 2-3/8" tbg. Set CIB holes at 5670'. POO wireline. WIH w/stin Cemented w/400 sx Cla Circulate hole clean 4-28-90. Perforated 83, 84, 88, 89, 90, 9	P 6570' w/30' of cemer H. WIH w/pkr. Establ nger on tubing. Stun ass "C" w/2000# of Sa . POH. WOC. Cleaned Wolfcamp 5378-5392'	asing for hole. nt on top. WIH o lished injection g in retainer. E lt and 150# Halad out to 5596'. w/24 .42" holes a . Treated perfs	te buildup. Located hole at 4164'. Pulled on wireline. Perforated 2 squeeze rate. Set retainer at 5610' on Established circulation. H-322. Pulled out of retainer. As follows: 5378, 79, 80, 81, 82, w/2000 gals 15% NEFE acid.	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIONATIVE - anita Dosder	mme Production Supervisor	DATE			
TYPE OR PRONT NAME JUANITA Goodlett		TELEPHONE NO. 505/748-1471			
(This space for State Use) ORIGINAL SIGNED EY MIKE WILLIAMS		APR 3 1991			
APPROVED BYSUPER J'SOR, DISTRICT I		DATE			
CONDITIONS OF APPROVAL, IF ANY:					