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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
K-2310

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 Lowe "BK" State
3. Address of Operator 207 So. 4th St. - Artesia, New Mexico 88210	9. Well No. 1
4. Location of Well UNIT LETTER A 330 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 18S RANGE 25E NMPM.	10. Filed and Paid for with Under: Penasco S. A. Yeso
15. Elevation (Show whether DE, RT, GR, etc.) 3457 GR	12. County Eddy

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Sand Fracture <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.

Treated San Andres perforations 1419-1523 (overall) with 3250 gallons 15% NE-FE Regular Acid and 120,000 gallons MOD-BRINE and 40,000# 20-40 sand. Max. press. 3500#, Min. press. 2400#, ISIP 1200#, 5 min SIP 1000#. Treatment completed at 11:30 A.M. (5-6-68).

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

SIGNED *David M. White* TITLE Engineer DATE 5-6-68

APPROVED BY *W. A. Gussett* TITLE _____ DATE 5-6-68

CONDITIONS OF APPROVAL, IF ANY: