File		
BLM		
Land Office		
B of M		
Operator		

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-23676

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-1284

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.)

RECEIVED
OCT 30 1996
OIL CON. DIV.
DIST. 2

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

7. Lease Name or Unit Agreement Name: FULTON - OLLER

2. Name of Operator: YATES ENERGY CORPORATION

8. Well No. 1

3. Address of Operator: P.O. Box 2323 ROSWELL, NM 88202

9. Pool name or Wildcat: ARTESIA (QN, GRAYBURG, SA)

4. Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 1 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3640' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

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.

CURRENT PERFS IN QUEEN @ 2432'-37'. WELL IS TA'D.

WILL ADD PERFS IN QUEEN @ 2444'-48', 2570'-74', 2696'-70', 2712'-16' AND 2720'-24', ACIDIZE AND FRACTURE STIMULATE W/ 15,000 GALS VIKING 30 X-LINKED GEL AND 52,000# 16/30 SAND.

WILL APPLY FOR TAX INCENTIVE UNDER HB 65 BY FILING SEPARATE FORM C-139, IF SUCCESSFUL

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

SIGNATURE [signature] TITLE ENGINEER DATE 10/29/96

TYPE OR PRINT NAME KAY ROSS TELEPHONE NO. 505-623-4935

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 1 1996

CONDITIONS OF APPROVAL, IF ANY: