

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

45F
OP

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.	30-015-24253
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER RECOMPLETION	7. Lease Name or Unit Agreement Name Tumbleweed QM Com
2. Name of Operator YATES PETROLEUM CORPORATION ✓	8. Well No. 1
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Undes. Cisco (Permo Penn)
4. Well Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>18S</u> Range <u>25E</u> NMPM <u>Eddy</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3525' GR	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Perforate, Treat Cisco <input checked="" type="checkbox"/>

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.

6-30-92. RUPU. Bled well down. RU slickline and TIH w/standing valve and set at 8484'. TOH w/slickline. TOH w/standing valve. ND tubinghead. NU BOP. Unset packer at 8484'. Move packer and set at 8597'. RU swab. Swab tested for 2 days. Unset packer at 8597'. TOH w/packer. Set CIBP at 8525 w/35' of cement on top. Perforated 7058-7064' w/14 - .42" holes (2 SPF) as follows: 7058, 59, 60, 61, 62, 63 and 7064'. Acidized perfs 7058-64' w/1500g. 15% HCL NEFE acid. Swabbed well 7-10 - 11-92.
7-21-92. RUPU. Re-acidized perfs 7058-64' w/5000g. 15% NEFE HCL acid. Swabbed well recovering load.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 7-24-92
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY
WING W. JAMES
SUPERVISOR DISTRICT I

APPROVED BY _____ TITLE _____ DATE JUL 30 1992

CONDITIONS OF APPROVAL, IF ANY: