Submit 3 Copies	State of New Me	XICU	Form C-103
to Appropriate District Office	Er ', Minerals and Natural Re	sources Departm	Revised 1-1-89 C/S
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
		30-015-27292 5. Indicate Type of Lease	
DISTRICT III			STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410			B-7070
	ES AND REPORTS ON WEL		
(FORM C-1	VOIR. USE "APPLICATION FOR PEF 101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OL. WELL X WELL	OTHER	RCEIYS	Walters Lake AML State
2. Name of Operator YATES PETROLEUM CORPOR.	ATION	DEC 0 2 1993	8. Well No. 1
3. Address of Operator	· · · · · · · · · · · · · · · · · · ·		9. Pool name or Wildcat
105 South Fourth Stree 4. Well Location	t - Artesia, NM 88210		Walters Lake Bone Spring Pool
Unit Letter J : 1650 Feet From The South Line and Feet From The Line			
Section 2			NMPM Eddy County
	10. Elevation (Show whether 3603' GR	A	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
		REMEDIAL WORK	
		CASING TEST AND CE	
OTHER: Clean out fill & run	production packer X	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.			
Propose to clean out fill and run production packer as follows:			
1. Move in and rig up pulling unit. Kill well with clean KCL water or brine water as			
necessary. Pull pump and rods. 2. Nipple up BOP, unseat tubing anchor and TOOH with tubing. If fill is present, will RIH with open ended tubing and reverse circulate fill. May have to RIH w/bailer			
and bail fill. 3. If there is evidence of carbonate or sulfate scaling problem, may possibly perform			
an acid job or scale inhibition treatment. 4. RIH w/Uni VI packer with on/off tool. Set packer at 6950'. Reverse circulate annulus			
full of fresh or KC	L water containing corr		, biocide and oxygen scavenger.
Set packer and test 5. Nipple up wellhead	annulus. and swab well is. Retu	rn to production	1.
			·
I hereby certify that the information above is frue			
SIGNATURE USUNT	Ten m	LE Production (Derk DATE Dec. 1, 1993 505-748-1471
TYPE OR PRINT NAME RUST Y Klein	TRICT "		505-740-1471 TELEPHONE NO.
(This space for State Use)	RVISOR. DISTRICT II	and the	
APPROVED BY	RVISC m	u	DEC 7 1993
CONDITIONS OF APPROVAL, TE ANY			