State of New Mexico Form C-103 Submit 3 Copies . Minerals and Natural Resources Department Revised 1-1-89 (to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT.I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-27292 Santa Fe. New Mexico 87504-2088 DISTRICT 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE DISTRICT III
1000 Rio Brazon Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-7070 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL OL X Walters Lake AML State OTHER 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator Loco Hills-Queen-GB-San Andres 105 South 4th St., Artesia, NM J : 1650 Feet From The South East Line Feet From The Eddy **18S** 30E **NMPM** Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3603' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** XX OTHER: Add perforations in San Andres 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 add perforations in San Andres as follows: TOOH with rods, pump and tubing. Perforate 3712-3750' (San Andres), acidize and frac as necessary. Swab test. Return to production. APR 0 9 1997 picte to the best of my knowledge and belief. I hereby certify that, the jet

DATE April 7, 1997 Operations Technician SIGNATURE . Rusty Klein TELEPHONE NO. 505/748-1471 TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

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