District Office	آكاد
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL ONSERVATION DIVISION P.O. Box 2088	ELL API NO. 30-015-27461
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	A 7. Lease Name or Unit Agreement Name
1. Type of Well: KELEIVEL	· · · · · · · · · · · · · · · · · · ·
	Vandiver AIM
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	West Atoka Morrow
4. Well Location Unit LetterG : 2091 Feet From The North Line and	763 Feet From The <u>East</u> Line
Section 17 Township 18S Range 26E	NMPM Eddy County
Section 11 10 In Elevation (Show whether DF, RKB, RT, GR, etc.) 3387'	
11. Check Appropriate Box to Indicate Nature of Notice	Report or Other Data
NOTICE OF INTENTION TO:	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	
PULL OR ALTER CASING	r
OTHER: OTHER:_Perfo	rations & acid X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103.	
8-3-93 - TIH w/4" casing guns and perforated 8786-8803' w/ 88, 89, 90, 91, 92, 95, 96, 8802 & 8803'. TIH w/packer an at 8709'. Nippled down BOP and installed tree. Swabbed. 8-4-93 - Acidized perforations 8786-8803' w/2000 gallons 7 nitrogen with ball sealers. Swabbed. 8-5-9-93 - Swabbing. 8-10-93 - Shut well in.	d 2-//8" tubing to 8/09. Set packer
8-23-93 - Frac'd perforations 8786-8803' with 12600 gallon resin coated sand. Screened out. Refrac'd perforations 8 link gel, 30% CO2 and 13000# 20-40 resin coated sand. Scr hours. Refrac'd perforations 8786-8803' with 17000 gallon 20-40 resin coated sand. Flow/swab back. 8-24-27-93 - Flow/swab back.	eened out. Flowed back for 1-1/2
8-27-93 - Shut well in.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	ion <u>Cle</u> rk DATE Oct. 14, 1993
TYPE OR PRINT NAME RUSTY Klein	TELEPHONE NO. 505/748-1471
(This space for State Use) ORIGINAL: SIGNED BY MIKE WILLIAMS	007 0 0 1003
SUPERVISOR, DISTRICT I	DATE OCT 2 9 1993
CONDITIONS OF AFPROVAL, IF ANY:	

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