District Office	WISION
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL ONSERVATION DI P.O. Box 2088	30-015-27461
DISTRICT II Santa Fe, New Mexico 87504 P.O. Drawer DD, Anesia, NM 88210	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 PLUD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL OAS WELL XX OTHER OCT 1	5 1993 Vandiver AIM
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 2
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat West Atoka Morrow
4. Well Location Unit LetterG : 2091 Feet From TheNorth	Line and 1763 Feet From The East Line
Section 17 Township 18S Range	26E NMPM Eddy County
///////////////////////////////////////	
11. Check Appropriate Box to Indicate Natur	e of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
. —	MEDIAL WORK ALTERING CASING
TEIMI OF WHILE I ABANDON	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT L
POLE ON ALTER GASING	ING TEST AND CEMENT JOB
Other.	ER: TETTOTACTORS & COLD
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	
9-10-93 - Loaded tubing with 2% KCL water. Unset and tested to 2000#. TOOH w/tubing and packer. 6974-7095' with 20 .42" holes as follows: 6974, 80, 81, 82, 83, 84, 85, 93, 94 & 7095' (1 SPF). at 7019'. Acidized perforations 7079-7095' with Swabbed. Loaded tubing with 2% KCL water. Unset packer at 6877'. Swabbed. Acidized perforations	76, 78, 94, 95, 96, 97, 98, 99, 7000, 79, TOOH. TIH w/packer and tubing. Set packe 1500 gallons 15% NEFE acid and ball sealer packer and RBP. Reset RBP at 7033' and
and ball sealers. Swabbed. 9-13-17-93 - Swabbing.	
9-18-93 - Shut well in.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	Production Clerk Oct. 14, 1993
SIGNATURE TITLE	DATE

TELEPHONE NO. 505/748-1471 Rusty Klein TYPE OR PRINT NAME

ORIGINAL SIGNED BY (This space for State Use)

MIKE WILLIAMS SUPERVISOR, DISTRICT IF __ m.e - OCT 2 9 1993

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ---