Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

\perp	-151
1	cl'
	Up
	1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088				
Santa Fe,	New	Mexico	87 RECEIVED	

	30-015-10477			
5.	Indicate Type of Lease STATE	FEE	xx	_
6.	State Oil & Gas Lease No.			

WELL API NO.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87.MELEUVEL	5. Indicate Type of Lease STATE FEE XX
DISTRICT III		STP 2 3 1992	STATE FEE XX 6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		0.0	O. State Oil & Gas Lease NV
SUNDRY NOTICES	S AND REPORTS ON WE	LLSTERA OFFICE	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOI	SALS TO DRILL OR TO DEEPE R. USE "APPLICATION FOR P FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		Foster AN
2. Name of Operator YATES PETROLEUM CORPORATI	on 🗸		8. Well No.
3. Address of Operator 105 South 4th St., Artesi	a, NM 88210	·	9. Pool name or Wildcat North Dagger Draw U/Penn
4 Well Location		Line and 660	Feet From The West Line
Section 1	Township 20S		NMPM Eddy County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.) 24	
	////		lenort or Other Data
NOTICE OF INTER	propriate Box to Indicate NTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	(Clearly state all pertinent details	, and give pertinent dates, incl	uding estimated date of starting any proposed
9-18-92. RUPU. POH w 9-19-92. Acidized exi	sting perforations	7810-20' w/3000	gals 20% HCL/NEFE and scale
TICE /NEED and coals and	forations 7704-//90 		s) and treated w/12000 gals 20%
Pulled packer and RBP.	RIH w/anchor, pum	ip and rods. Ret	urned to production.
of the the information shows is true or	d nomplete to the best of my knowledge	and belief.	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
.!)	neta Das allett	. TITLE	Production Supervisor	DATE 9-22-92
SIGNATURE	•)			TELEPHONE NO. 505/748-1471
TYPE OR PRINT NAME	Juanita Goodlett			TELEPHONE NO. 303/140 14/1
(This space for State Use)	ORIGINAL SIGNED BY			SER 2 8 1992
APPROVED BY	SUPERVISOR DISTRICT I	. TITLE		DATE