Submit 3 Copies to Appropriate

State of New Mexico Enugy, Minerals and Natural Resources Department

Form (C-103
Revise	d 1-1-89

District C	ffice
DISTRIC	TI

OIL CONSERVATION DIVISION

ELL AP	NO.				
	30.	_015_	2147	Q	

P.O. Box 1980, Hobba, NM 88240 P.O. Box 2088	WELL API NO. 30-015-21478		
DISTRICT II Santa Fe. New Mexico 87504-2088			
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. K-6096		
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
I. Type of Well: Oil. X / Well. Other	State K		
2 Name of Operator V YATES PETROLEUM CORPORATION	8. Well No.		
3. Address of Operator	9. Pool name or Wildcat		
105 South 4th St., Artesia, NM 88210	Dagger Draw Upper Penn, North		
4. Well Location Unit Letter $\frac{N}{N}$: $\frac{660}{N}$ Feet From The $\frac{N}{N}$ Line and $\frac{198}{N}$	O Feet From The West Line		
Section 28 Township 19S Range 25E	NMPM Eddy County		
Section 28 Township 19S Range 25E ///////////////////////////////////	NMPM Eddy County		
//////////////////////////////////////			
11. Check Appropriate Box to Indicate Nature of Notice, Ro	eport, or Other Data		
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:		
PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB		
OTHER: Acidize existing producing interval OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ling estimated date of starting any proposed		
Propose to acidize existing producing interval 7704-7718' of gelled 20% Dagger Draw acid. Swab test and place well	(Canyon) with 15000 gallons back into production.		
	4		
	HEO.		
	OCD SECTIVED		
	THIESIA S		
	18821-1883		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Operations To	echnician May 18, 1999		
TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO. 505/748-14		
	Expervisor		

_ TITLE ---

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: