## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



P.O. Box 1980, Hobbs, NM 88240 P.O.	VATION DIVISION Box 2088	WELL API NO. 30-015-21934	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease  STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. E-641	
SUNDRY NOTICES AND REPORTS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPOS	D DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL XX OTHER		North Millman Unit	
2. Name of Operator YATES PETROLEUM CORPORATION	MAR 22 '89	8. Well No.	
3. Address of Operator 105 South 4th St., Artesia, NM 88210	O. C. D.	9. Pool name or Wildcat	
105 South 4th St., Artesia, NM 88210	ARTESIA, OFFICE	Millman Strawn Gas	
Unit Letter <u>G</u> : 1980 Feet From The No.	th Line and 198	O Feet From The East Line	
Section 7 Township 19S	Range 28E ow whether DF, RKB, RT, GR, etc.)	NMPM Eddy County	
10. Elevation (She	3523 GR		
11. Check Appropriate Box to In		Report, or Other Data	
NOTICE OF INTENTION TO:		SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDO	N 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:Perforate additional holes in existing zone, & treat	
12. Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103.	at details, and give pertinent dates, incli	uding estimated date of starting any proposed	
Perforated 9427-9540' w/19 .42" holes 44, 46, 54, 92, 94, 96, 97½, 99, 9525, Treated perforations 9427-9540' w/3000 Swabbed well.  Returned to production 3-7-89. Perform	27, 29, 31 and 9540 gals 15% NEFE acid	'. and 17 ball sealers.	
(new perfs). Work began 2-24-89, completed 3-7-89.		(Old pells), 5427-5540	
I hereby certify that the information above is true and complete to the best of my kn	-		
SIGNATURE CANALLY SAULLES	TIME Production S	upervisor DATE 3-21-89	
TYPE OR PRINT NAME Juanita Goodlett		TELEPHONE NO. 505/748-147	
(This space for State Use)  Original Signed Mike William	ns ·	MAR 2 2 1989	
APPROVED BY  CONDITIONS OF APPROVAL, BY ANY:	TITLE	DATE	