Submit 3 Copies to Appropriate District Office

State of New Mexico Energ, Minerals and Natural Resources Department

Form	C-103	
Revis	ed 1-1-4	39

DIST	RIC	Ľ			
P.O. 1	Box	1980.	Hobbs,	, NM	88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	<u> </u>	
30-015	5-22023	
5. Indicate Type of	Lease STATE X	FEE
6. State Oil & Gas K-6653	Lease No.	

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. K-6653	
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" ARTESIA, (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X OTHER	Millman HD State Com	
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.	
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Millman Morrow South	
4. Well Location Unit Letter 0: 660 Feet From The South Line and	1980 Feet From The East Line	
Section 17 Township 19S Range 28E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3530' GR	NMPM Eddy County	
11. Check Appropriate Box to Indicate Nature of Notice	Report, or Other Data UBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	LING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB	
OTHER: Workover - attempt water shut-off X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates,	including estimated date of starting any proposed	

work) SEE RULE 1103. Perforations open: 10848-858; 10978-988, 10998-11005, 11040-050' with Uni VI and standing valve at 10918'. Well loads up with formation water hours after swabbing. Water influx believed to be from lower perfs. Propose to pull guns and packers from

hole, set CIBP about 10950' with cement cap, test perforations 10848-858. Will stimulate

if necessary.

CONDITIONS OF APPROVAL, IF ANY:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
			DATE		
TYPE OR PRINT NAME	Juanita Goodlett		тецерноме мо. 505/748-1471		
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		DEC - 7 1989		
	SUPERVISOR DISTRICT IS	mre	DATE		