Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, 1 erals and Natural Resources Department

Form	C-103	
Revise	ed 1-1-8	S

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION	\mathbf{OIL}	CONSER	VA	TION	DIV	ISION
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ELL API NO.	
30-015-22746	

P.O. Box 1980, Hobbs, NM	88240 O.	LL CONSERVA		WELL API N	
DISTRICT II		P.O. Bo Santa Fe, New Mo			5-22746
P.O. Drawer DD, Artesia, NI DISTRICT III	м 88210	-, 3 · · · · ·	RECEIVED	E Indianta 1	Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec,			JAN - 61	L-6287	& Gas Lease No.
(DO NOT USE THIS FO	RM FOR PROPOS RENT RESERVOIF	AND REPORTS ON ALS TO DRILL OR TO DE R. USE "APPLICATION R FOR SUCH PROPOSALS	EPEN OR ELLG PAR	7. Lease Na	me or Unit Agreement Name
1. Type of Well: OIL WELL	GAS WELL XX	OTHER		Irish	Hills JE State Com
2. Name of Operator YATES PETROLEU	M CORPORATI	on /		8. Well No.	
3. Address of Operator					e or Wildcat
105 South 4th 4. Well Location	St., Artesi	a, NM 88210	·	Boyd Mo	orrow
4. Well Location Unit LetterG	: 1980	Feet From The North	h Line and	1980 Feet	From The East Line
Section 12		Township 19S	Range 241		Eddy County
		10. Elevation (Show)	vhether DF, RKB, RT, G.	R, etc.)	
11.	Check App	ropriate Box to Indi	cate Nature of N	otice, Report, or C	Other Data
	E OF INTEN	•		• •	IT REPORT OF:
PERFORM REMEDIAL WO	DRK 🗌	PLUG AND ABANDON	REMEDIAL V	VORK [ALTERING CASING
TEMPORARILY ABANDON		CHANGE PLANS	COMMENCE	DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TES	ST AND CEMENT JOB	
OTHER:			OTHER:Set	CIBP, reperfo	rate and treat Morrow X
12. Describe Proposed or Co work) SEE RULE 1103.		(Clearly state all pertinent de	tails, and give pertinent	dates, including estimated o	date of starting any proposed
follows: 8879-8 Acidized perfora	34' (12 hole ations 8879- sed perforat Well cle	es), 8835-37' (6 -84' w/1000 gals tions 8807-37' weaned up and flo	holes), 8819 $7\frac{1}{2}$ % NEFE aci $7/1500$ gals $7\frac{1}{2}$ wed 135 psi o	1-21' (6 holes) d w/1000 SCF/b % NEFE acid w/ on 1/4" choke =	
				•	
					•
I hereby certify that the inform	ation above is true and o	complete to the best of my knowl	•		
SIGNATURE Can	ta Soul	tin	mr Produc	tion Supervison	DATE 12-2-92
TYPE OR PRINT NAME	Juanita G	oodlett			те лерноме no. 505/748-14
(This space for State Use)	ORIGINAL S				
	MIKE WILLI	AMS R DISTRICT IV.			JAN 8 1992