Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

	TRIC				
PO	Roy	1020	Hobbs	NM	88240

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Box REGEIVED

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-23353 5. Indicate Type of Lease

P.O. Drawer DD, Ariesia, INVI 66210	- 3 1992	STATE FEE X					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	D. C. D.	6. State Oil & Gas Lease No.					
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEI DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)	LLS N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name					
1. Type of Well: OIL OAS WELL WELL XX OTHER WORK	OVER	Rio Penasco KD Com					
2. Name of Operator YATES PETROLEUM CORPORATION		8. Weil No.					
3. Address of Operator 105 South 4th St., Artesia, NM 88210		9. Pool name or Wildcat Boyd Morrow					
10. Elevation (Show whether 3461' gR	Range 25E er DF, RKB, RT, GR, etc.)	NMPM Eddy County					
11. Check Appropriate Box to Indicate NOTICE OF INTENTION TO:		eport, or Other Data SEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS	REMEDIAL WORK	ALTERING CASING BOPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING OTHER: Add perforations to Morrow Sand X	CASING TEST AND CE	·					
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.

Propose to add pay in the Morrow Sand 8902-9005' as follows: Install standing valve in Baker FL 1.81" on/off tool at 9027'. MIRU, load tubing with fluid, test tubing to 2500 psi, test annulus to 500 psi, NU BOP, get off on/off tool and TOOH with tubing. Perforated as follows: 8902-07', 8939-42', 8957-63', 8977-82', 8988-92, 9002-05', (approx. 64 shots). Treat perforations if necessary. Return well to production.

I hereby certify that the infor	rmation above is true and complete to the best of my	knowledge and belief.	
SIGNATURE ALL	DATE		
TYPE OR PRINT NAME	Juanita Goodlett		ТЕДЕРНОНЕ NO. 505/748-1473
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		OCT 2 2 1992

SUPERVISOR, DISTRICT IF CONDITIONS OF APPROVAL, IF ANY: