Submit 3 Copies to Appropriate District Office

OTHER:

State of New Mexico Energy, winerals and Natural Resources Department

Form	C	-103
Revis	ed	1-1-89

X

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Le	STATE	FEE X
30-015-25732		
WELL API NO.		

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
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				
1. Type of Well:	Parish IV Com				
OIL X GAS OTHER WORKOVER					
2. Name of Operator	8. Well No.				
YATES PETROLEUM CORPORATION V	1				
3. Address of Operator	9. Pool name or Wildcat				
105 South 4th St., Artesia, NM 88210 O.C.D.	North Dagger Draw U/Penn				
4. Well Location ARTESIA OFFICE					
Unit Letter J: 1980 Feet From The South Line and 1980 Feet From The East Line					
	NMPM Eddy County				
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3565 GR					
Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data				
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND C	CASING TEST AND CEMENT JOB				

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.

10-15-91. Perforated 7742, 44, 46, 48 (8 holes-2 SPF); perforated 7756, 58, 60, 62, 64, 66, 68, 70 (16 holes-2 SPF)- .50" holes.

Acidized perforations 7742-70' w/8000 gals 20% NEFE acid, 500# block + 10 ball sealers. TOH w/RBP, packer and 2-7/8" tubing. TIH w/tubing and pump.

OTHER: Add Canyon perforations, treat

10-16-91. Well returned to production.

I hereby certify that the inform	ustion above is true and complete to the best of my kn	TITLE Production Supervisor	DATE
TYPE OR PRINT NAME	Juanita Goodlett		<u>телерноме но. 505/748-1471</u>
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		OCT 2 9 1991
	SUPERVISOR, DISTRICT IS	TITLE	DATE