

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

SEP 16 '88

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation	8. Farm or Lease Name Dagger ZW
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>19S</u> RANGE <u>25E</u> NMPM.	10. Field and Pool, or Wildcat North Dagger Draw Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 3564' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Treat well ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

9-14-88. Acidized perforations in three stages as follows:
Stage 1. Treated perforations 7613-7635' w/1000 gals 15% NEFE acid with 4 ball sealers.
Stage 2. Treated perforations 7687-7689' w/500 gals 15% NEFE acid.
Stage 3. Treated perforations 7730-7736' w/50# Block and 500 gals of 15% NEFE acid.

Returned well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Joe Antonio Goodlett

TITLE Production Supervisor

DATE 9-15-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 19 1988