Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 208	M DIVISION	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		30-015-25905	
DISTRICT III	SEP 15 '89		5. Indicate Type of Lease  STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WELPOSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	OH PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL XX WELL OTHER Workover			Roy AET	
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 North Dagger Draw Upper Penn	
4. Well Location  Unit Letter N: 660	Feet From The South	Line and1980	O Feet From The West Line	
Section 8	Township 19S Ra	inge 25E	NMPM Eddy County	
	10. Elevation (Show whether 3559 GR	DF, RKB, RT, GR, etc.)		
11. Check A	appropriate Box to Indicate I		eport, or Other Data	
NOTICE OF INT			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
JLL OR ALTER CASING CASING TEST AND CE			MENT JOB	
OTHER: Squeeze existing po	erfs, reperforate XX	OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, an	nd give pertinent dates, includ	ding estimated date of starting any proposed	
			ns 7780-87 and 7802-12'. ate as needed for production.	
I hereby certify that the information above is true a	nd complete to the best of my knowledge and I			
SIONATURE LA CISTADA	) and litt m	Production Su	pervisor 9-13-89	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIONATURE /	inda Saulles	Production Supervisor	DATE9-13-89		
TYPE OR PRINT NAME	Juanita Goodlett		<b>ТЕГЕРНОНЕ NO.</b> 505/748-1471		
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT I		SEP 1 8 1989		
APPROVED BY	out Entriodit, District II	TITLE	— DATE ————		