Submit 3 Copies to Appropriate District Office

State of New Mexico Ene. , Minerals and Natural Resources Department

Form	C-103	,
Revise	d 1-1-	89

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 P.O. Box 2088 **PECENED**Santa Fe, New Mexico 87504-2088 WELL API NO. 30-015-25905 5. Indicate Type of Lease FFF XX

DISTRICT III		
1000 Rio Brazos Rd., Aztec, NM 87410	JAN 10 '91	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL		
SUNDHY NOTICES AND REPORTS ON WELLS O. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM G-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL XX WELL OTHER		Roy AET
2. Name of Operator YATES PETROLEUM CORPORATION (505) 74	0.2/31	8. Well No.
(303) / /	8-14/1	
3. Address of Operator		9. Pool name or Wildcat
105 South 4th St., Artesia, New Mexico 882	10	North Dagger Draw Upper Penn
4. Well Location		
Unit Letter N: 660 Feet From The South	Line and 1980	Feet From The West Line
Section 8 Township 19S Ran		NMPM Eddy County
//////////////////////////////////////		
<i>/////////////////////////////////////</i>	59' GR	
11. Check Appropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
OTHER:	OTHER: Treat well X	
	<u> </u>	

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.

1-7-91.Acidized perforations 7781-7846' w/5000 gals 15% NEFE acid. Well returned to production.

I hereby cartify that the information above is gue and complete to the best of my knowledge and belief.				
SIGNATURE LC CES	· Λ —	mue Production Supervisor	DATE	
TYPE OR PRINT NAME J	uanita Goodlett		TELEPHONE NO. 505/748-1471	
(This space for State Use)	ORIGINAL SIGNED BY			
APPROVED BY	MIKE WILLIAMS SUPERVISOR, DISTRICT IS	me	JAN 2 5 1991	

CONDITIONS OF APPROVAL, IF ANY: