Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL X

2. Name of Operator

3. Address of Operator

Well Location

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

Revised 1-1-89

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

GAS -

105 South 4th St., Artesia, NM 88210

660

YATES PETROLEUM CORPORATION

**OIL CONSERVATION DIVISION** 

SUNDRY NOTICES AND REPORTS ON WELLS

DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OTHER

001,0	P.O. Box 20	88 RECEIVED
Santa Fe,	New Mexico	87504-2088

JAN 17 '90

WELL API NO. 30-015-25926	

5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. LG 1525 ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKFTS A 7. Lease Name or Unit Agreement Name State CO Com 8. Well No. 9. Pool name or Wildcat North Dagger Draw Upper Penn

Unit Letter	<u>D</u> : 000	Feet From The NOT	En	Line and	700	Feet From The _	West	Line
Section	36	Township 19S		nge 24E	NMPM	Edd	y	County
			whether i • 5 G	DF, RKB, RT, GR, eic.) R				
11.	Check App	propriate Box to Indi	icate N	Nature of Notice	, Report, c	or Other Data	l	
NOTI	CE OF INTE	NTION TO:		SI	UBSEQU	ENT REPO	RT OF:	
PERFORM REMEDIAL W	ORK	PLUG AND ABANDON		REMEDIAL WORK		ALTER	RING CASING	
TEMPORARILY ABANDO	ON	CHANGE PLANS		COMMENCE DRILL	LING OPNS.	PLUG	AND ABANDON	VENT 🗌
PULL OR ALTER CASING	3 🗌			CASING TEST AND	CEMENT JO	ов 🗌		
OTHER:				OTHER: Workov	ver, per	forate add	itional, tr	eat X
12. Describe Proposed or C work) SEE RULE 110		(Clearly state all pertinent de	etails, an	d give pertinent dates, i	ncluding estima	ated date of startin	g any proposed	<del></del>

1-10-90. Perforated 7663-74' w/12 .42" holes as follows: 7663, 65, 67, 69, 72, 74' (2 SPF-12 holes), 7702-10' w/10 .42" holes as follows: 7702, 04, 06, 08, 7710' (2 SPF-10 holes). Acidized all perforations 7663-74', 7702-10, 7738-55' w/20000 gals 20% NEFE acid + 500# block. Recovering load. Returned well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIONATURE A SIONATURE	to Sovalies	mme Production Supervisor	DATE			
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-1471			
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS					
APPROVED BY  CONDITIONS OF APPROVAL. IF AN	SUPERVISOR, DISTRICT II	тт.е	DATE JAN 2 3 1990			