<u>L.</u>	· • • •		1. E
Submit '3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 C
DISTRICT I	OIL CONSERVATIO	N DIVISION	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO. 30-015-26290
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	CES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR SUCH C-101) FOR SUCH PROPERTY AND A	CR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well:	j. In		
WELL X WELL 2. Name of Operator	OTHER	- 3 1996	John AGU
YATES PETROLEUM CORPOR	QCI		8. Well No.
3. Address of Operator		OIN DIV.	9. Pool name or Wildcat
105 South 4th St., Art	cesia, NM 882101LC		Dagger Draw Upper Penn, South
Unit Letter;	0 Feet From The North	Line and19	180 Feet From The West Line
Section 14			NMPM Eddy County
	10. Elevation (Show whether 1	· ·	
11. Check	Appropriate Box to Indicate N	<u>.7' GR</u> Jature of Notice P.	avort or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
			
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING	OPNS.
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:	[]	OTHER: Clean fi	ll & re-acidize existing perf
	ations (Clearly state all pertinent details, and	l give pertinent dates, includ	ing estimated date of starting any proposed
			inseat pump. Backed rods off abbed tubing down to 3300'.
Rigged down swab. Nippled down wellhead and installed BOP. Tubing anchor would not			
unset. Pumped 2% KCL water down annulus and worked tubing. Tubing anchor came unset. TOOH with 3300' of 2-7/8" tubing. Still could not get pump to unseat. Backed off 2800'			
	÷		bbed tubing down to 2800'.
	and tubing out of hole	. TIH with bit	, scraper and 2-7/8" tubing.
			D36'. Continue working bit ny deeper. TOOH with tubing,
scraper and bit.		1	
			lars and 2-7/8" tubing. Tagged ll to 7644'. Fell out of fill
			2-7/8" tubing to 7916'. TOOH.
I hereby certify that the information above is tr	and complete to the best of my knowledge and h	xelief.	
SIGNATURE Kusten T	Veen m	eOperations Te	chnician DATE Oct. 1, 1996
TYPE OR FRONT NAME Rusty Klei	n		ТЕLЕРНОМЕ NO. 505/748-147
(This space for State Use) ORIGINAL SPACE	CO CHI TIM W. GUM		OCT 9 1996
DISTRICT II SU	² สละเอยี่สี้ mi	£	DATE
CONDITIONS OF APPROVAL, IF ANY:			
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