## Submit 3 Copies to Appropriate District Office

## Energ

Form C	-103
Revised	1-1-8

State of New Mexico	For
linerals and Natural Resources Department	Re

DISTRICT I	OIL CONSERVATION DIVISION
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088
Dicampicat II	Sonto Fa New Mexico 87504-2088

14-2088

NOV 30'90

30-015-26342 5. Indicate Type of Lease STATE

WELL API NO.

P.O. Drawer DD. Artesia, NM 88210 FEE X 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. O ARTESIA, OFFICE SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS/ Type of Well: Ceniza AGZ Com WELL XX GAS WELL OTHER 8. Weil No. 2. Name of Operator 1 (505) 748-1471 YATES PETROLEUM CORPORATION V 9. Pool name or Wildcat 3. Address of Operator North Dagger Draw Upper Penn 105 South 4th St., Artesia, New Mexico 88210 Well Location Feet From The East 660 South Unit Letter P: 660 Line and \_ \_ Feet From The 24E Eddy Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3607' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Treat Well OTHER:

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.

11-15-90. Acidized existing perforations 7590-7762' (via 2-7/8" tubing) with 15000 gals 20% NEFE acid with 2 drops of 800# block. 11-16-90. Well returned to production.

I hereby cartify that the information above is true and complete to the best of my knowledge and belief. DATE 11-28-90 mus Production Supervisor SIGNATURE TELEPHONE NO. 505/748-1471TYPEOR PRINT NAME Juanita Goodlett ORIGINAL SIGNED BY (This space for State Use) DEC 1 0 1990 MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

CONDITIONS OF AFFROVAL, IF ANY: