Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ene᷊ , Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
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

OIL CONSERVATION DIVISION
P.O. Box 2088 RECEIVED
Santa Fe, New Mexico 87504-2088

NOV 2 '90

O. C. D.

WELL API NO. 30-015-26381	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Saha AHA

1. Type of Well:
   OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
   YATES PETROLEUM CORPORATION

8. Well No.
   2

3. Address of Operator
   105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat
   South Dagger Draw Upper Penn

4. Well Location

Unit Letter __H__ : __1980__ Feet From The __North__ Line and __660__ Feet From The __East__ Line

Section __15__ Township __20S__ Range __24E__ NMPM __Eddy__ County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3648' GR

11. **Check Appropriate Box to Indicate Nature of Notice, Report, 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. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Propose to perforate, treat ☒		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.

Well producing from perforations 7616-7729'. Propose to add additional perforations in existing zone @ 7610-7730' (2 SPF) 242 holes and stimulate with 20000 gals 20% HCL (NEFE) acid. Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Juanita Goodlett_ TITLE _Production Supervisor_ DATE _11-1-90_

TYPE OR PRINT NAME Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

NOV 6 1990

CONDITIONS OF APPROVAL, IF ANY: