Submit 3 Copies to Appropriate District Office

Energy

State of New Mexico erals and Natural Resources Department

Form	C	-10	3
Revis	ed	1-1	٠.

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

OIL CONSERVATION DIVISION

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		D	\sim	RA	·	20	100	2

P.O. Box 2088

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DI NO			

P.O. BOX 1980, HODDS, NWI 002		P.O. Bo	x 2088	8 nereuen	30-015-26381	_	
DISTRICT II P.O. Drawer DD, Artesia, NM §	88210	Santa Fe, New Me	exico {	87.5 041-2009: U	5. Indicate Type of La	ease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, Niv	M 87410		•	FEB 2 4 1992	6. State Oil & Gas Le		FEE XX
OLINIDE	NAME TO SECUL	UD DEDORTE ON	LANCE	O. C. D.			
(DO NOT USE THIS FORM DIFFEREI	I FOR PROPOSALS NT RESERVOIR. (ND REPORTS ON TO DRILL OR TO DE USE "APPLICATION FOR R SUCH PROPOSALS	EEPEN (OR PER	OR PLUG BACK TO A	7. Lease Name or Un	it Agreement Name	
1. Type of Well: OIL WELL XX	GAS WELL	, OTHER WO	RKOVI	ER	Sara AHA C	om	
2. Name of Operator YATES PETROLEUM	CORDORATION				8. Well No.		
	CORPORATION				9. Pool name or Wild		
3. Address of Operator 105 South 4th St	., Artesia,	NM 88210				Draw U/Pen	1
4. Well Location Unit Letter H	: <u>1980</u> Feet	From The Nort	h	Line and660	Feet From Th	e East	Line
Section 15	Tov	vnship 20S	Raı	nge 24E	NMPM Edd	у	County
		10. Elevation (Show)	whether I	DF, RKB, RT, GR, etc.)			
11.	Check Approp	oriate Box to Indi	icate N	Nature of Notice, R	eport, or Other D	Pata	
	OF INTENTI				SEQUENT RE		
PERFORM REMEDIAL WORK	k 🗌 PL	UG AND ABANDON		REMEDIAL WORK	Al	TERING CASING	
TEMPORARILY ABANDON	CH	HANGE PLANS		COMMENCE DRILLING	G OPNS. 🔲 PI	UG AND ABANDON	IMENT .
PULL OR ALTER CASING		CASING TEST AND CEM			EMENT JOB		
OTHER:				OTHER Acidize existing perforations			X
12. Describe Proposed or Compwork) SEE RULE 1103.	pleted Operations (Cle	arly state all pertinent d	letails, an	d give pertinent dates, inclu	iding estimated date of st	arting any proposed	
and 1800# g:	rade rock sa	ing perforati alt + benzoic L to production	aicd	7610-7730' w/30 flakes in 10#	0000 gals 30% gelled brine.	HLC NEFE aci Swabbed we	d :11.
I hereby certify that the informatio	on above is true and com	plete to the best of my know	viedge and	belief.			
V Latin	Doull		m	Production S	Supervisor	_ DATE2-20-9	92
SIGNATURE CONTROL NAME	Juanita Goo					TELEPHONE NO. 50	5/ <u>74</u> 8-14
TYPE OR PRINT NAME	ORIGINAL S						
(This space for State Use)	MIKE WILL					EIO a	g 1992
		R, DISTRÍCT I				100	ତ . ଅ ଂଶ
APPROVED BY			TTI	LE		_ DATE	

APPROVED BY ---