Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

PLUG AND ABANDONMENT

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

TEMPORARILY ABANDON

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 8750

COMMENCE DRILLING OPNS.

WELL API NO. 30-015-26669

5. Indicate Type of Lease FEE XX STATE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		O. C. D.	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REP	ORTS ON WELL	SYNTERIA DEFICE		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRIL DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH F	LICATION FOR PER!	A PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL XX WELL	OTHER		Huisache AHI Com	
2. Name of Operator			8. Well No.	
YATES PETROLEUM CORPORATION			2	
3. Address of Operator			9. Pool name or Wildcat	
105 South 4th St., Artesia, NM 8	38210	•	North Dagger Draw U/Penn	
4. Well Location				
Unit Letter I :1855 Feet From The	South	Line and660	Feet From The East Line	
Section 2 Township 2	OS Ran		NMPM eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3616 GR				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND	ABANDON	REMEDIAL WORK	ALTERING CASING	

CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Acidize existing zone 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.

Current perforations: 7658-76', 7710-38', 7765-86'. 9-24-92. Acidized perfs 7658-7786' w/20000 gals 20% NEFE acid.

CHANGE PLANS

9-25-92. Well returned to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 10-12-92 Production Supervisor SIGNATURE TELEPHONE NO. 505/748-1471Juanita Goodlett TYPE OR PRINT NAME ORIGINAL SIGNED BY (This space for State Use) MIKE WILL AMS TCT 3 4 1992 SUPERVISION DISTRICT IL APPROVED BY-