Submit 3 Copies to Appropriate District Office

SIGIE OF THEM INTERICO Ener Minerals and Natural Resources Department

| For | m C | -103 | ì |
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| Rev | ised | 1-1- | į |

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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

30-015-26674

WELL API NO.

5. Indicate Type of Lease FEE X STATE

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | 7. Lease Name or Unit Agreement Name |
| 1. Type of Weil: | D |
| WELL X WELL OTHER 2. Name of Operator | Patriot AIZ Com |
| YATES PETROLEUM CORPORATION | 8. Well No. |
| 3. Address of Operator | 9. Pool name or Wildcat |
| 105 South 4th St., Artesia, NM 88210 | North Dagger Draw Upper Penn |
| 4. Well Location Unit LetterM : | 660 Feet From The West Line |
| Section 20 Township 19S Range 25E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3537 GR | NMPM Eddy County |
| 11. Check Appropriate Box to Indicate Nature of Notice | e, Report, or Other Data |
| ** * | SUBSEQUENT REPORT OF: |
| | ALTERING CASING |
| | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL | LLING OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING CASING TEST AN | ND CEMENT JOB L |
| OTHER: Add perforations & acidize X OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103. Propose to add pay in Canyon and acidize as follows: | including estimated date of starting any proposed |
| 1. Kill well and nipple up BOP. TOOH with pump, rods a 2. Perforate 7707-7709' w/6 holes and 7641-7645' w/6 ho | and tubing anchor. oles (2 SPF) (Canyon). |
| Straddle acidize perforations 7707-7709'. | - |
| 4. Straddle acidize perforations 7621-7645'. 5. TOOH with tools. | FE9 1 4 1005 |
| | |
| | |
| | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| SKONATURE TITLE Production | on Clerk <u>DATE 2-10-95</u> |
| TYPEOR PRINT NAME Rusty Klein | <u>тецерноме но. 505/748—14</u> |
| (This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICY II SUPERVISOR | J £ AR 2 3 1995 |

APPROVED BY-