State of New Mexico	Form C-103
, Minerals and Natural Resources Department	Revised 1-1-89
CONSERVATION DIVISION	WELL ADINO

to Appropriate District Office	Energy, Millierals and Natural No.		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		8 RECEIVED	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088 MAR ~ 9 1992	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	_	O. C. D.	6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WEL	LS	
(DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. GAS WELL X WELL	OTHER		Voight AJD Com
2 Name of Operator	//		8. Well No.
YATES PETROLEUM CORPOR	RATION /		9. Pool name or Wildcat
3. Address of Operator 105 South 4th St., Art	cesia, NM 88210		North Dagger Draw U/Penn
	O Feet From The North	Line and 660	Feet From The West Lin
29	Township 19S Ra		NMPM Eddy County
Section	10. Elevation (Show whether a	DF, RKB, RT, GR, e1c.) 34	
Check	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF IN		SUB	SEQUENT REPORT OF:

NOTICE C	F INTEN	TION TO:	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER:			CASING TEST AND CEMENT JO Perforated OTHER: Additional Car	Bnyon perforations, TRT X

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.

2-20-92 - 2-26-92 - Pumped well.

2-27-92. RUPU. ND tubing head and installed BOP. TOH w/2-7/8" tubing and sub pump. Perforated 7718-7772' w/26 - .50" holes (2 SPF) as follows: 7718, 20, 22, 24, 26, 28, 30, 7758, 60, 62, 68, 70 and 7772'. Acidized perfs 7758-7772' w/2000 gals 20% HCL NEFE. Acidized perfs 7718-8830' w/8000 gals 20% HCL NEFE. Ran sub pump.

	ation above is true and complete to the best of my know	viedge and belief. TITLE Production Supervisor	DATE2-28-92
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-1471
(This space for State Use)	ORIGINAL SIGNED BY		MAR 2 7 1992

CONDITIONS OF APPROVAL, IF ANY: