

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.)		WELL API NO. 30-015-26920
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WORKOVER		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator YATES PETROLEUM CORPORATION		6. State Oil & Gas Lease No.
3. Address of Operator 105 South 4th St., Artesia, NM 88210		7. Lease Name or Unit Agreement Name Sara AHA Com
4. Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 11 Township 20S Range 24E NMPM Eddy County		8. Well No. 6
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3612' GR		9. Pool name or Wildcat South Dagger Draw U/Penn

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Acidize existing perforations <input checked="" type="checkbox"/>

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.

4-10-92. RIH with swab to check fluid level at 4000'. RU and spotted 300 gals of sour iron acid at 7845'. Pulled up and spot additional 300 gals of sour iron acid at 7717'. Pull up, set packer at 7213'. End of tail pipe at 7529'. Swabbed 2-1/2 hrs. Acidized perfs 7620-7764' w/5000 gals 20% sour iron acid + 36 ball sealers. Acid contained 10 gal/1000 scale inhibitor. Swabbed well. Unset packer and TOH with tubing and packer. Run sub pump and return well to production 4-10-92.

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

SIGNATURE \_\_\_\_\_ TITLE Production Supervisor DATE 4-24-92

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 MAY 5 1992

CONDITIONS OF APPROVAL, IF ANY: