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State of New Mexico and Natural Resources Department

Form	C-103	
Revis	ed 1-1-89)

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District Office	Energy, with	· ard Namai i
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CON	SERVATION P.O. Box 20

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ONSERVATION DIVISION	

WELL API NO 880 30-015-26978 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) RECEIVED Type of Well: Thomas AJJ Com WELL X GAS WELL OTHER 2. Name of Operator MAY 2 9 1992 8. Well No. YATES PETROLEUM CORPORATION (). C. D. 9. Pool name or Wildcat 3. Address of Operator OFFICE CAFICE North Dagger Draw U/Penn 105 South 4th St., Artesia, NM Well Location 1980 1980 North East Feet From The Line and Feet From The Line Unit Letter 25E Eddy **NMPM** Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3553' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Add perforations to existing zone X 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. Propose to add perforations to current perforations at 7776-82', 7794-98', 7818-22' as follows: 7842-72' w/24 holes. Treat perfs 7842-72' with acid, swab back and return well to production. I hereby certify that the information above is true and somplete to the best of my knowledge and belief. Production Supervisor 5-27-92 SIGNATURE TELEPHONE NO. 505/748-1471Juanita Goodlett TYPE OF PRINT NAME ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS 8 1992

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

SUPERVISOR, DISTRICT IT