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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ---

\_State of New Mexico

MAY 2 9 1992

m C-103		1
ised 1-1-89	¥	c15

o Appropriate District Office	Energy, Mine	and Natural Res	sources Department		Revised 1-1-89	, C13
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088ECEIVED		WELL API NO. 30-015-26990			
DISTRICT II	Santa Fe,	New Mexico 8		5. Indicate Type of La	25c	
P.O. Drawer DD, Artesia, NM 88210		Jl	JN - 1 1992	J. 222000 27/F0 00 D	STATE FEE	kx
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			O. C. D.	6. State Oil & Gas Le	ase No.	
( DO NOT USE THIS FORM FOR PE	TICES AND REPOROPOSALS TO DRILL ERVOIR. USE "APPLIC C-101) FOR SUCH PE	ORTS ON WELL OR TO DEEPEN CATION FOR PER	LS OR PLUG BACK TO A	7. Lease Name or Un	it Agreement Name	
I. Type of Well: OIL GAS WELL XX WELL	] /	OTHER		Dahlia ALA	Com	
2 Name of Operator YATES PETROLEUM CORPO	RATION		,	8. Well No.		
3. Address of Operator				9. Pool name or Wild		
105 South 4th St., Ar	tesia, NM 88	210		South Dagge	er Draw U/Penn	
4. Well Location  Unit Letter $\frac{L}{}:\frac{19}{}$	980 Feet From The	South	Line and660	Feet From Ti	west	Line
Section 25	Township 20	)S Ra	nge 24E			unty
	10. Eleva	tion (Show whether . 3614 GI	DF, RKB, RT, GR, etc.)			
11. Check	k Appropriate Bo	x to Indicate l	Nature of Notice, l	Report, or Other I	Data	
	NTÉNTION TO:			BSEQUENT RE		
	PLUG AND A		REMEDIAL WORK	□ A	LTERING CASING	
PERFORM REMEDIAL WORK	1				LUG AND ABANDONME	NT
TEMPORARILY ABANDON	CHANGE PL	ans	COMMENCE DRILLIN		LOG AND ABANDONING	
PULL OR ALTER CASING		_	CASING TEST AND		•	( <del>.</del>
OTHER:		U	OTHER: Perio	rate, Treat		[X]
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state at	l pertinent details, a	nd give pertinent dates, inc	cluding estimated date of s	tarting any proposed	
TD 8170'. Perfora	ated 7716, 18,	20, 22 and	7724' w/10 -	.50" holes (2	SPF). Acidize	ed.
w/2000 gals NEFE a	acid. Swabbed	to recover	load.	7/50 5/	F/ (0 70 7	,, 71
Perforated 7653-76 74, 78, 80 and 768	582' w/225	0" holes (2	SPF) as follo	ws: /653, 54,	, 30, 09, /U, / JFFF + ccale in	'Z, /J, bibito
+ paraffin inhibit			-02 W/13000 g	,ais 20% Hol (1	din , beare in	
					•	
					•	
		·				
I hereby certify that the information above	is true and complete to the b	est of my knowledge an	d belief.			
SIONATURE CANTEL S	Dorllie		me Production	Supervisor	DATE <u>5-28-92</u>	
TYPE OR PRINT NAME Juan	nita Goodlett		·		TELEPHONE NO. 505/	748-14
I I PE OK PREMI NAME						

\_ TITLE .