Submit 3 Copies to Appropriate District Office

State of New Mexico Energ., Minerals and Natural Resources Department

Form C-103	
Revised 1-1-89	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-26990

5. Indicate Type of Lease
STATE FEE X

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 Well: OIL WELL [X] OTHER APR 0 9 1397	Dahlia ALA Com	
2. Name of Operator YATES PETROLEUM CORPORATION		
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Dagger Draw Upper Penn, South	
4. Well Location Unit Letter L: 1980 Feet From The South Line and 660	Feet From The West Line	
Section 25 Township 20S Range 24E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3614 GR	NMPM Eddy County	
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUE	eport, or Other Data SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPOPARIL V ARANDON CHANGE PLANS COMMENCE DRILLING	ALTERING CASING G OPNS. PLUG AND ABANDONMENT	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DHILLING PULL OR ALTER CASING CASING TEST AND COMMENCE DHILLING		
OTHER: Meter Calibrations X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	iding estimated date of starting any proposed	
Yates Petroleum Corporation respectfully requests permissibe done when total flow through meter has reached 6000 bar less than once a year.	on for meter calibrations to rels between provings, but no	
Wells producing through battery are: Dahlia ALA Com #1, Staghorn AJG Federal #2	taghorn AJG Federal #1 and	

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM	APR	9 1997
TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO.	505/748-1471
MONATURE TURL Operations Technician I		1 4, 1997
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		

- TITLE -

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT II SUPERVISOR