Submit 3 Copies to Appropriate District Office	State of New Mex Energy, sand Natural Res		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-27335
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL X WELL	OTHER		Hooper AMP
2. Name of Operator YATES PETROLEUM CORPOR	ATION /		8. Well No. 1
3. Address of Operator			9. Pool name or Wildcat
105 South 4th St., Art	tesia, NM 88210	= = = = = = = = = = = = = = = = =	North Dagger Draw Upper Penn
4. Well Location Unit Letter <u>M</u> : <u>82</u>	0 Feet From The South	Line and660	Feet From The West Line
Section 21	Township 195 - Rar	1 96 25E	NMPM Eddy County
Section 21	Township 195 Kar 10. Elevation (Show whether L		
	3503' GI	R	
11 Check	Appropriate Box to Indicate N	Vature of Notice, R	leport, or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. DI PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		OTHER: <u>Began</u> pr	oducing through a LACT X
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent details, an	d give pertinent dates, incl	uding estimated date of starting any proposed
Well began produci at the Hooper AMP	ng through a LACT unit of \$	on April 11, 19 Section 21-T19S	94. LACT Unit is located -R25E).
LACT Permit No. 14	5 approved October 18, 1	1993.	
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I hereby certify that the information above is	true and complete to the best of my knowledge and		
SIONATURE LUSTER	flin T	Production	Clerk April 11, 1994
TYPE OR PRINT NAME RUSTY K	lein		телерноне но. 505/748-1471
(This space for State Use) SUPERV	ISOR, DISTRICT II		
APPROVED BY	 •••• 	n.e	APR 2 5 1994
CONDITIONS OF APPROVAL IF ANY:			

CONDITIONS OF	APPROVAL,	IF ANY: