## State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICT P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-27843 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X MAR 1 8 1994 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.) Roy AET Type of Well: WELL X OTHER 8. Well No. 2. Name of Operator 5 YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator North Dagger Draw U/Penn (505) 748-1471105 South 4th St., Artesia, NM 88210 4. Well Location Line and 660 East Line Feet From The 660 South \_ Feet From The \_ Unit Letter ship 19S Range 25E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Eddy County **NMPM** Township 19S 3533' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: Perforate & Treat 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. 3-14-94. Drilled DV tool at 5583'. Tested to 1500 psi. TIH and tagged PBTD 8162'. Made scraper run to 8162' and circulated hole with 2% KCL water. 3-15-94. Perforated 7758-7816' w/22 - .42" holes (2 SPF) as follows: 7758, 60, 62, 78, 80, 82, 7808, 10, 12, 14, and 7816'. Acidized perforations 7758-7816' with 12000 gals 20% NEFE gelled acid. Flowed well to recover load. Connected well to battery for production 3-16-94. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TYPE OR PRINT NAME (This space for State Use) SUPERVISOR, DISTRICT II TITLE .

mme Production Supervisor

3-17-94

TELEPHONE NO 505/748-1471

Juanita Goodlett

SIGNATURE