Submit 3 Copies to Appropriate District Office DISTRICT I

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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OIL CONSERVATION DIVISION

WELL API NO.

F.O. Box 2008	30-015-27868			
DISTRICT II Santa Fe, New Mexico 87 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.			
THE PERSON WELL	c			
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O	R PLUG BACK TO A 7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	AIT"			
1. Type of Well:	Carl TP Com			
OIL GAS OTHER				
2. Name of Operator	8. Well No.			
YATES PETROLEUM CORPORATION	4			
2 Address of Operator	9. Pool name or Wildcat			
105 South 4th St., Artesia, NM 88210 (505	South Dagger Draw Upper Penn			
4 NLU Location				
Unit Letter A : 660 Feet From The North	Line and 660 Feet From The East Line			
Unit Letter: rect from the				
Section 22 Township 20S Ran	ge 24E NMPM Eddy County			
Section 22 10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
NOTICE OF INTENTION TO:				
PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	OTHER: Perforate & Treat			

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.

4-4-94. Drilled out DV tool at 6501'. Perforated 7618-7714' w/36 - .48" holes (2 SPF) as follows: 7618, 20, 22, 32, 34, 36' (12 holes), 7679, 80, 82, 84' (8 holes), 7700, 02, 04, 06, 08, 10, 12 and 7714'. (16 holes). Straddle and treat perforations 7679-7714' with 5000 gals 20% NEFE acid. Straddle and treat perforations 7618-7636' with 8000 gals 20% NEFE acid. Swabbed to recover load.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME Juanita Goodlett THE Production Supervisor THE Production Supervisor THE PRINT NAME Juanita Goodlett	I hereby certify that the information above is true and complete to the best of my k	mowledge and belief.	DATE 4-7-94
TYPEOR PRINT NAME Juanita Goodlett	SIGNATURE (CANTA) as delet	Production Supervisor	
	TYPEORPRINTNAME Juanita Goodlett		TELEPHONE NO. 505/748-1471

(This space for State Use)

DATE APR 1 9 1994

CONDITIONS OF APPROVAL, IF ANY: