Submit 3 Copies to Appropriate District Office

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

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

P.O. Box 2088 Santa Fe. New Mexico 87504_2009 WELL API NO. 30-015-28558

P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X					
DISTRICT III 1000 Rio Brazos Rd., Aziec, 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				
i. Type of Well: Oil. WELL X	GAS WELL	OTHER		A		Boyd BN	
2. Name of Operator YATES PETROLE	UM CORPORAT	ION		े ४ ४६५ RECEIVED	8. Well No.		
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Dagger Draw Upper Penn, North				
4. Well Location							·
Unit Letter J: 1980 Feet From The South Line and 1980 Feet From The East Line							
Section 15	i	Township 19S			NMPM	Eddy	County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3456 GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO:			SSEQUENT REPORT OF:				
PERFORM REMEDIAL	WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABAND	ON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT 🗌
PULL OR ALTER CASIN	ıg 🗌			CASING TEST AND C			
OTHER:				OTHER: Acidiz	e existing	perforations	X

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.

2-25-98 - Moved in and rigged up pulling unit. Unseat pump. TOOH with pump and rods. Bled casing down. Released tubing anchor. Nippled up BOP. TOOH with production tubing. Shut down due to wind.

2-26-98 - TIH with packer and tubing. Set packer at 7800'. Acidized perforations 7812-7820' with 2500 gallons 20% iron control HCL acid. Flushed with 45 bbls 2% KCL. Swabbed. Shut well in.

2-27-98 - Released packer. TOOH with packer and tubing. TIH with production tubing. Nippled down BOP. Set tubing anchor and flanged up. Released well to production department.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Operations Techn TYPE OR FRINT NAME Rusty Klein	ician DATE <u>March 3, 1998</u> TELEPHONE NO. 505/748-1471
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	3-9-58

TITLE

APPROVED BY-