## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE	$\perp_{I}$	
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## OIL CONSERVATION DIVISION

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work) SEE RULE 1 103.				
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17. Describe Proposed or Completed Open	ations (Clearly state all per	rtinent details, and give pert	tinent dates, including o	stimated date of starting any proposed
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. Change	nomnloto	- X		
PULL OR ALTER CASING	CHANGE PLANS		O CEMENT JOB .	· · · · · · · · · · · ·
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PERFORM REMEDIAL WORK	PLUG AND ABA		닏	ALTERING CASING
<u>.</u>			<del>(</del>	
" NOTICE OF INT	• •	1	SUBSEQUENT	
16. Check Ap	propriate Box To Ind	licate Nature of Notic	ce, Report or Othe	er Data
	33	00' KB		Eddy ()
	<b>, , , , ,</b>	w whether DF, RT, GR, etc.	/	12. County
THE West LINE, SECTION	30 TOWNSHIP	20S RANGE	28E HMPM.	
UNIT LETTER F 198	BO FEET FROM THE NO	orth LINE AND	1980 PEET FROM	West Burton Flats Strawn
4. Location of Well			7	10. Field and Pool, or Wildcat
105 South 4th St., Art	esia, NM 88210	ARTESIA, O	1:14.5	1
J. Address of Operator		O. C. I		9. Well No.
Yates Petroleum Corpor	ration 🗸			Stonewall EP State Com
2. Name of Operator	/	FEB 11	981	8, Farm or Lease Name
OIL OIL WELL XX	OTHER- RECOMPLE	TE VELL	207	
USE "APPLICATION	FOR PERMIT -" (FORM C-10	· · · · · · · · · · · · · · · · · · ·	-BT	7. Unit Agreement Name
IND MOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO ULLPEN	RTS ON WELLS	- TOPERVOIT	
<b>**</b> = - · ·		DTC ON WELL COMME		
				K-5115
OPERATOR V	•		-	State X Fee 5, State Oil & Gas Lease No.
DERATOR				
U.S.G.S.  LAND OFFICE  OPERATOR				
DERATOR	SANTA FE	E, NEW MEXICO 87		Sa, Indicate Type of Lease

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

HO. OF COPIES ACCEIVED	
DISTRIBUTION	
BANTA FE	
FILE	1
U.S.G.S.	 
LAND OFFICE	<u></u>
OPERATOR	1

CONDITIONS OF APPROVAL, IF ANYI

Bridge Charles

## OIL CONSERVATION DIVISION

Form C-103

DISTRIBUTION	REALES IN-1-10
SANTA FE, NEW ME	XICO 87501  Sa. Indicate Type of Lease
FILE	
U.S.Q.S.	
LAND OFFICE	5. State Oil & Gas Lease No.
GPERATOR .	K-5115
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USE MAPPELEXTION FOR	
OIL SAS V	MAR 12 1980
WELL LAS UTILES	6. 1 dail of Education
. Name of Operator	O. C. D. Stonewall EP State Com
Yates Petroleum Corporation	
. Address of Operator	ARTESIA, OFFICE 9. Well No.
207 South 4th St., Artesia, NM 88210	
	10. Field and Pool, or Wildcat
I. Location of Well	1980 Burton Flats Morrow
UNIT LETTER F 1980 FEET FROM THE NORTH	THE AND THE THE PARTY PA
West LINE, SECTION 30 TOWNSHIP 20S	
165	Contract of the second
15. Elevation (Show whether DF,	RT, GR, etc.) 12. County
3300' КВ	Eddy
	0.1 . D
16. Check Appropriate Box To Indicate Natu	re of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	<b>1</b>
	MEDIAL WORK
PERSONAL PENEDIAL WORK	AND
	SWEETE DESCRIPTION OF THE STATE
PULL OR ALTER CASING CHANGE PLANS	Sot CTRP Treat existing perfs
PULL OR ACTES COSTING	Set CIBP, Treat existing perfs X
$\cdot$	
OTHER	- Live Courses any proposed
17. Describe Proposed or Completed Operations (Clearly state all pertinent details	, and give pertinent dates, including estimated date of starting any proposed
17. Describe Proposed of Completed Operations ( work) SEE RULE 1 (03.	
Set CIBP at 11230'. Swabbed perfs 11190-226'.	Acidized Lower perfs 11190-226 w/5000
Set CIBP at 11230'. Swabbed peris 11190-220. gals 7½% acid w/55 gals scale inhibitor. Half	500 cals said + CO2 and 50 ball sealers.
00 00 00 00 00 00 00 00 00 Well re	. 1 . 1. 2
Work began 5-25-85 - Completed b-10-65. Well to	turned to production.
Work began 5-25-85 - Completed 6-10-85. Well re	turned to production.
Work began 5-25-85 - Completed 6-10-85. Well to	turned to production.
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	Lurined to production.
18. I hereby certify that the information above is true and complete to the best of	my knowledge and belief.
18. I hereby certify that the information above is true and complete to the best of	my knowledge and belief.
18. I hereby certify that the information above is true and complete to the best of	Lurined to production.
18. I hereby certify that the information above is true and complete to the best of	my knowledge and belief.  oduction Supervisor OATE 3-11-86
18. I hereby certify that the information above is true and complete to the best of archibo and a property of the property of	my knowledge and belief.  oduction Supervisor OATE 3-11-86
18. I hereby certify that the information above is true and complete to the best of	my knowledge and belief.

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