Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

Shut in.

I PHROVED BY-

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-21578 5. Indicate Type of Lease

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87304-2068	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. K-5115		
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: OIL. WELL X OTHER	Stonewall EP State Com		
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 1 9. Pool name or Wildcat Saladar Strawn		
105 South Fourth Street - Artesia, NM 88210 4. Well Location Unit LetterF : 1980 Feet From The NorthLine and1980	Feet From The West Line		
Section 30 Township 20S Range 28E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3282 GR			
Check Appropriate Box to Indicate Nature of Notice, In NOTICE OF INTENTION TO:	BSEQUEIT HEI OH OH		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING PLUG AND ABANDONMENT		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING CASING TEST AND			
PULL OR ALTER CASING OTHER: Casing	patch and acidize X		
OTHER: 12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, in work) SEE RULE 1103. 2-13-96 - Swabbed. Shut well in. 2-14-96 - Swabbed. Rigged up Halliburton treesaver and acid annulus to 500 psi. Pumped 1000 gallons 15% Ferra Check acid annulus to 500 psi.	d equipment. Pressured		
annulus to 500 psi. Pumped 1000 gallons 15% Ferra check. KCL. Loaded tubing. Pressured to 6500 psi - no break.	ESCA bicognic from control		

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I hereby cerufy that the information above is true and complete to the best of my knowledge and believe to the best of my know	2-15-96 505-748-1471 TELEPIONE NO.
(This space for State Use)	DATE