Submit 3 Copies o Appropriate	State of New Energy, Minerals and Natura	Mexico 1 Resources Department	Form C-103 Revised 1-1-89
District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-21578 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
(DO NOT USE THIS FORM FOR PF	TICES AND REPORTS ON N IOPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: Oit.			Stonewall EP State Com
2. Name of Operator			8. Well No. 1
YATES PETROLEUM CORPO	eet - Artesia, NM 882	210	9. Pool name or Wildcat Saladar Strawn
4. Well Location		Line and	0 Feet From The West I
	80 Feet From The North		NMPM Eddy Count
Section 30	Township 20S	Range 28E heiher DF, RKB, RT, GR, etc.)	
		3282' GR	Provent or Other Data
11. Check	k Appropriate Box to India	cate Nature of Notice,	IBSEQUENT REPORT OF:
NOTICE OF I	NTENTION TO:	50	IBSEQUENT RELOTT OF
	PLUG AND ABANDON		
	CHANGE PLANS		
PULL OR ALTER CASING]	CASING TEST AND	
OTHER:			patch & acidize
work) SEE RULE 1103. 2-7-96 - Moved in an 2-7/8" N-80 tubing. 1650'. TOOH. Shut 2-8-96 - TIH with compatch and setting to through patch. TOOH 2-9-96 - TIH with 4- back through patch and 1.81" XL on/off too with slight bobble packer and on/off t 500 psi. Shut down 2-10-96 - Nippled d 2-11-96 - Swabbed. 2-12-96 - Shut in.	d rigged up pulling u Released RBP at 1003 well in. ollett swedge to 450'. ools. TIH. Set patch and laid down settin -1/2" OD bottom hole of and ran thru patch aga to top of patch at thru patch. TIH to 84 ool to 9960'. Displat. own BOP. Nippled up Shut well in.	nit. Nippled up F 6'. TOOH. TIH wi with top at 1380 ag equipment. Shu casing swedge thru ain. TOOH. TIH w 1380'. Loaded hol 400'. Clutch on p ced hole with 2% K tree. Swabbing.	ith 5-1/2" Uni VI packer with e and reversed out tubing. TIH acker sheared. TOOH. TIH with C. Set packer and tested to OLCON. D.
I hereby certify that the information above	e is true and complete to the best of my kno	nviedge and belief. Droductie	on Clerk DATE 2-15-96
SIGNATURE Lusten		meProductio	505-748-1471 TELEPIONE NO.
TYPE OR PRINT NAME RUSTY KI			FEB 2.4.15
ORIGINAL DISTRICT	SIGNED BY TIM W. GUM H SUPERVISOR	Π.Ε	FED 24 13