Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
JUN 16 1992
O. C. D.
ARTESIA OFFICE

Form C-103
Revised 1-1-89

+ clsf Dp

WELL API NO. 30-015-26906

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L-5036

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: Glider AKG State

1. Type of Well: OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator: YATES PETROLEUM CORPORATION

8. Well No. 1

3. Address of Operator: 105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat: Undesignated Strawn

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 17 Township 21S Range 27E NMPM Eddy County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	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: Acidize well [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.

5-31-92. Acidize perforations 10222-10342' w/30000g. 15% HCL (NEFE gelled acid + scale inhibitor) + 60 ball sealers.
Swabbed well.
6-2-92. RDPU.
6-5-92. Ran BHP.

Note: RBP set @ 10554'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 6-15-92

TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY TITLE DATE JUN 23 1992

CONDITIONS OF APPROVAL, IF ANY: