

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 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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87508

SEP 10 1993

WELL API NO.	3001520808
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	20808
7. Lease Name or Unit Agreement Name	YATES-KING
8. Well No.	1
9. Pool name or Wildcat	STRAWN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3313 GL

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator NATIONAL ENERGY GROUP, INC.
3. Address of Operator 4925 GREENVILLE AVE., SUITE 1400 DALLAS, TX 75206	4. Well Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 22 Township 23S Range 26E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: ACID JOB <input checked="" type="checkbox"/>

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.

ACIDIZE STRAWN 10469-76 W/2000 GAL 15% HCL.

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

SIGNATURE Thomas A. Rubis TITLE PRODUCTION MANAGER DATE 9/7/93
TYPE OR PRINT NAME THOMAS A. RUBIS TELEPHONE NO. 214-692-9211

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY MIKE WILLIAMS
SUPERVISOR, DISTRICT II

CONDITIONS OF APPROVAL, IF ANY:

DATE SEP 14 1993