## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy nerals and Natural Resources Department

Form	ı C	103	•
Revis	æd :	1-1	89

Form C-103	
Revised 1-1-89	

DISTRICTI			
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 8750427188

SEPIF 199	1	
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30-015-22889	
. Indicate Type of Lease	
STATE X	FEE

6. State Oil & Gas Lease No. V-3346

WELL API NO.

	V=3340	
SUNDRY NOTICES AND REPORTS ON V	WELLS SA	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEF DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL OTHER WO'T	Loving AIB State	
2. Name of Operator YATES PETROLEUM CORPORATION	8. Weil No. 1	
3. Address of Operator	9. Pool name or Wildcat	
105 South 4th St., Artesia, NM 88210	South Loving Delaware	
4. Well Location		
Unit Letter G: 1550 Feet From The North	Line and 1780 Feet From The East Line	
Section 16 Township 23S	Range 28E NMPM Eddy County	
3024	ether DF, RKB, RT, GR, etc.) 4.1' GR	
11. Check Appropriate Box to Indica	ate 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: Frac well	
12. Describe Proposed or Completed Operations (Clearly state all pertinent detail	ils, and give pertinent dates, including estimated date of starting any proposed	

work) SEE RULE 1103.

9-1-91. RUPU. ND wellhead and RU BOP. TOH w/rods and pump. TIH with packer and tubing. Set packer 6036'. Frac existing perfs 6072-6090' w/1500g. linear prepad, 16000g. XL gel and 20000# 20/40 sand. Unset packer at 6036'. TOH w/tubing and packer. Set pumping equipment and returned well to production 9-5-91.

I hereby certify that the info	ermation above is true and complete to the best of my k	knowledge and belief.	
SIGNATURE TYPE OR PRINT NAME	Juanita Goodlett	Production Supervisor	DATE 9-12-91 TELEPHONE NO. 505/748-1471
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		SEP 1 8 1991
APPROVED BY	SUPERVISOR, DISTRICT IS	mr.e	DATE

CONDITIONS OF APPROVAL, IF ANY: