Form	C	-1	03
Revis	ed	1.	1-89

Form	C	-10	3
Revis	ed	1-1	-89

Submit 3 Copies to Appropriate	State of New Mexico  Energy, Minerals and Natural Resources Department		Form C-103  Revised 1-1-89		
District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-26591		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE XX FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-120		
( DO NOT USE THIS FORM FOR PE DIFFERENT RESE	TICES AND REPORTS ON WELL ROPOSALS TO DRILL OR TO DEEPEN OF ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL X WELL	I. Type of Well:		Medano VA State		
2. Name of Operator YATES PETROLEUM CORPO	PRATION		8. Well No.		
3. Address of Operator			9. Pool name or Wildcat Wildcat Ganyon Delaware		
4. Well Location  Unit Letter F : 2	310 Feet From The North	Line and 165	Feet From The West Line		
Section 16	Township 23S Rai 10. Elevation (Show whether I 3349' C	OF, RKB, RT, GR, etc.) GR	NMPM Eddy County  Report, or Other Data		
	NTENTION TO:	SUI	BSEQUENT 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		CEMENT JOB		
OTHER: Propose to perfo		OTHER:			
12. Describe Proposed or Completed Owork) SEE RULE 1103.	perations (Clearly state all pertinent details, a	nd give pertinent dates, inc	cluding estimated date of starting any proposed		
Propose to per 15 shots and a Swab/flow well commercial qua	cidize perforations 4196 and test until acid loa	-4213' w/1500 d recovered an	-4213' with 1 SPF approximately gals 7½% NEFE HCL acid. Id well begins to produce and put well on pump as		
			RECEIVED		
			MAR 1 2 1991		
			O. C. D. ARTESIA, OFFICE		

I hereby certify that the inform	ation above is true and complete to the best of my knowledge an	d belief		2 11 01
SIGNATURE	enda Dodles T	mæ Production Supervisor	DATE	3-11-91
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO.	505/748-1471
	▼			
(This space for State Use)	ORIGINAL SIGNED BY THE MIKE WILLIAMS		MAR 1	3 1991
APPROVED BY	- SUPERVISOR, DISTRICT IF	TITLE -	_ DAIE	