Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, SF ANY SECTION APPROVAL AS A PROPERTY OF APPROVAL AS A PROPERTY OF A PROPERT

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 OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED		WELL API NO. 30-005-62683	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		37504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		JAN -8 '90	6. State Oil & Gas Lease No. LG 7421
SUNDRY NOTICES AND REPORTS ON WELLS (C. D.) (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. OAS OTHER			Sunny Side State Unit
2. Name of Operator YATES PETROLEUM CORPORATION			8. Well No.
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Foor Ranch PrePermian Gas
4. Well Location Unit Letter B: 660 Feet From The North Line and 1980 Feet From The East Line			
Section 1 Township 10S Range 26E NMPM Chaves County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3922.5' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION	ON TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLU	JG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN		OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER:	OTHER:Perforate add:		additional holes in existing 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.			
12-29-89. Perforated 6156-64' w/18 .40" holes (2 SPF). Acidized perforations 6156-64' w/1000 gals 15% NEFE acid. 12-31-89. Well flowed 200 psi on 1/2" choke = 1333 mcfpd.			
Perforations open: 6120-6142; 6156-6164'			
1 hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE A ANILY ONLY Production Supervisor DATE 1-3-90			
SIGNATURE CANALL DOUBLE	mn.	E Production Si	pervisor DATE 1-3-90
TYPEOR PRINT NAME Juanita Good	lett		тецернюме NO. 505/748—1471
(This space for State Use) ORIGINAL SH MIKE WILL/IA			JAN 1 5 1990
AFFROVED BY SUPERVISOR	R. DISTRICA II	E	DATE

