## Submit 3 Copies to Appropriate District Office

OTHER:

## State of New Mexico Energy, Minerals and Natural Resources Department

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dsr.	
Form C-103 ()	T.
Revised 1-1-89	

DISTRICT P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION D P.O. Box 2088

DISTRICT II

Santa Fe, New Mexico 87504

VELL API NO.	 	
30-005-62705		
5. Indicate Type of Lease		

P.O. Drawer DD, Artesia, NM 88210 STATE FEE XX 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 ARTESIA, OFFICE SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Geneva UI WELL OIL WELL XX ०० स्थ 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION. 9. Pool name or Wildcat 3. Address of Operator 88210 105 South 4th St., Artesia, NM Pecos Slope Abo Well Location Line and 1980 Feet From The East B: 660 Feet From The North Chaves County Township 6S **NMPM** Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3871.2' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Frac well

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.

2-14-90. TD 4115', PBTD 4026'. Frac'd perforations 3570-3882' (22 holes) with 40000 gals 30# X-L Gel 2% KCL and 86000# 20/40 sand. Well cleaned up and flowed 325 psi on 1/2" choke = 2117 mcf/d.

I hereby certify that the information above is true, and complete to the best of my knowledge and belief. THE Production Supervisor DATE 2-22-90 SIGNATURE телетноме NO. 505/748-1471 Juanita Coodlett TYPE OR PRINT NAME ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS MAR 1 2 1990

SUPERVISOR, DISTRICT IS

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-