Submit 3 Copies to Appropriate District Office

Typ		
N.M.		
Land Office		
U.S.G.S.		
Operator		

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dlsf dp+

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 87504-2088

WELL API NO.
30-005-62716

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
L-6775

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.)

RECEIVED
DEC 27 '90
O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name
Seymour State Com

1. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
Yates Energy Corporation

8. Well No.
2

3. Address of Operator
P.O. Box 2323 Roswell, NM 88202-2323

9. Pool name or Wildcat
Foor Ranch (Pre-Permian)

4. Well Location
Unit Letter M : 660 Feet From The South Line and 1300 Feet From The West Line

Section 18 Township 9 Range 27 NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3822.1 GL

11. Check Appropriate Box to Indicate 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: Recomplete to Abo Formation [XX]		OTHER: [ ]	

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.

Propoes to plug off Montoya Formation and attempt Abo completion as follows:

1. Set CIBP @ 5975', dump 35' cmt. on plug.
2. Displace hole w/ 2% KCL wtr., Circ. 250 gals. of 10% acetic acid to spot.
3. Perf. 4918'-4927' and 4927'-4938' w/2 shots per foot.
4. Dispalce acid, swab to rec. load then re-acidize w/ 3000 gals. of 7.5% NEFE acid using ball sealers.
5. Swab/flow to test.
6. Fracture treat as required.

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

SIGNATURE Sharon R. Hamilton TITLE Landman DATE 12-26-90

TYPE OR PRINT NAME Sharon R. Hamilton TELEPHONE NO. 623-4935

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JAN 17 1991

CONDITIONS OF APPROVAL, IF ANY: