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

For	m C	-103	
Rev	ised	1-1-	8

Form C-103	
Revised 1-1-89	(

DISTRICT I		
P.O. Box 1980	), Hobbs, NM	88240

	SERVATION DIVISION	WELL API NO.	
P.O. Box 2088 P.O. Box 2088 P.O. Box 2088 P.O. Box 2088 P.O. District II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-005-62756	
		5. Indicate Type of Lease  STATE  FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	APR 20 '90	6. State Oil & Gas Lease No. V-2328	
SUNDRY NOTICES AND RE ( DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "AP (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name		
1. Type of Well: Oil. GAS WELL WELL XX	OTHER	Bittersweet Unit	
2. Name of Operator YATES PETROLEUM CORPORATION		8. Well No.	
3. Address of Operator		9. Pool name or Wildcat	
105 South 4th St., Artesia, NM	38210	Wildcat Ordovician	
4. Well Location		Wilded Oldovician	
Unit Letter J :1980 Feet From Th	South Line and 1980	Feet From The East Line	
Section 28 Township	9S Range 26E	NMPM Chaves County	
10. Ele	valion (Show whether DF, RKB, RT, GR, etc.) 3763 GR		
11. Check Appropriate B	ox to Indicate Nature of Notice, R		
NOTICE OF INTENTION TO	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND		ALTERING CASING	
TEMPORARILY ABANDON CHANGE P			
PULL OR ALTER CASING			
OTHER:			
12 D		n Casing, Preforate, Treat X	
<ol> <li>Describe Proposed or Completed Operations (Clearly state of work) SEE RULE 1103.</li> </ol>	ll pertinent details, and give pertinent dates, includ	ling estimated date of starting any proposed	
.41" holes.	set 6118'. Cemented w/35.32, wt. 14.8). PD 3:30 AM neld okay. WOC. cid at 5920'. Perforated 5. (12 holes-1 SPF) and 5907-	0 sx Class C + .8% CF-1 + 10#/sx 3-24-90. Bumped plug to 1750 psi 860-65' (6 holes-1 SPF), 5873-08' (2 holes-1 SPF), total 25	
4-10-90. Acidized perforations 50 $4-11-90 - 4-13-90$ . Flowed and term	360-5908' w/2500 gals 20% N	EFE acid and ball sealers.	
4-14-90. Shut in for buildup.	well		
I hereby certify that the information above is the and complete to the ber	t of my knowledge and belief.		
SIONATURE January and Mandley	mue Production Su	pervisor 4-18-90	
TYPEOR PARNT NAME Juanita Coodlett		тецерноме мо. 505/748-1471	

I hereby certify that the inform	nation above is thue and complete to the best of my knowled	ge and belief.	
SIONATURE JA CAN	usa Dandler	TIME Production Supervisor	DATE
TYPE OR PRINT NAME	Juanita Goodlett		TELEPHONE NO. 505/748-14
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		
APPROVED BY	SUPERVISOR, DISTRICT IT	- TITLE	APR 2 4 1990

CONDITIONS OF APPROVAL, IF ANY: