Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department Ene

Form C-103	
Revised	1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II

Santa Fe, New Mexico 87504-2088

30-005-62973

WELL API NO.

P.O. Drawer DD, Artesia, NM 88210	STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
	V-2982
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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	
OIL QAS OTHER	Quincy AMO State
2. Name of Operator	8. Well No.
YATES PETROLEUM CORPORATION	9. Pool name or Wildcat
3. Address of Operator	1
105 South 4th St., Artesia, NM 88210	Southeast Acme San Andres
4. Well Location Unit Letter D: 990 Feet From The North Line and 330	Feet From The West Line
00 7 275	NMPM Chaves County
Section 12 Township 8S Range 2/E	NMPM Chaves County
3981' GR	
Check Appropriate Box to Indicate Nature of Notice, F	Report or Other Data
	BSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	SSEQUENT REPORT OF.
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	E BOL TNAMAS
OTHER: Add additional perforations X OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. work) SEE RULE 1103.	luding estimated date of starting any proposed
Propose to add pay in the San Andres Pl, acidize and put	well on pump as follows:
1. Nipple down tree, nipple up and test BOP. TOOH with well bore is clear to PBTD.	tubing and packer. Ensure
2. TIH with casing gun and perforate 2160-2192' w/65 hol	es (2 SPF - San Andres P1).
3. TIH w/tubing and packer to 2100'±. Acidize perforati	ons 2160-2192' (78 holes total
- existing perforations 2172-2189 (13 holes).	
4. Swab/flow back load. Release to production.	RECEIVED
	FEB 2 3 1995
	OIL CON. DIV.
	DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	- 0 00 0E
SIGNATURE Kusty llen TITLE Production	Clerk DATE 222 33
TYPEOR PRINT NAME Rusty Klein	<u>телерноме но. 505/748—1</u> 47
(This space for State Use)	FF0 0 W 402-
ORIGINAL SIGNED BY TIM W. GUM	FEB 2 7 1995
DISTRICT IS SUPERVISOR TITLE	DATE —

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-