Form C-103 State of New Mexico Energy, Minerals and Natural Resources Department Revised 1-1-89 (Submit 3 Copies to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-62973 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEKX P.O. Drawer DD, Artesia, NM 88210 FEE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 V - 2982SUNDRY 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.) 1. Type of Well: Quincy AMO State OTHER WELL X Well No. 2. Name of Operator YATES PETROLEUM CORPORATION 9. Pool name or Wildcat West. 3. Address of Operator Southeast Acme San Andres 105 South 4th St., Artesia, NM 4 Well Location Feet From The North 4 Line and 990_ Feet From The Chaves County 27E **NMPM** 88 Range Township 12 Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3981' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: 11. NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Acidize existing perfs 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. 2-23-95 - Moved in and rigged up pulling unit. Bled well down. Nippled down tree. Nippled up BOP. Unset packer at 2122'. Dropped down and check for fill, no fill. Moved up and set packer at 2122'. Tested annulus to 500 psi, OK. Acidized existing perforations 2172-2189' with 6000 gallons 20% NEFE acid and ball sealers. Swabbing. 2-25-95 - Swabbed. Unset packer at 2122'. TOOH with 2-7/8" tubing and packer. Turned well over to production to run rod pump.

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

SKONATURE

TYPE OR FRINT NAME

RUSTY Klein

TELEPHONE NO. 505/748-1471

(This space (or State Use) - CRICARAL SECRIED RY TIM W. GUM

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

MAR 9 1995

APPROVED BY-