Submit 3 Copies to Appropriate District Office

## State of New Mexico Energ, .inerals and Natural Resources Department

Form C-103 Revised 1-1-89

## OIL CONCEDUATION DIVICION

DISTRICT I P.O. Box 1980, Hobba, NM 88240 P.O. Box 2088	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 8	
DISTRICT III	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Azzec, NM 87410	V-2982
SUNDRY NOTICES AND REPORTS ON WELL ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI (FORM C-101) FOR SUCH PROPOSALS.)	R PLUG BACK TO A 7 Lease Name or Unit Agreement Name
1. Type of Well: Oil. OAS WELL X WELL OTHER	Quincy AMQ State
2. Name of Operator	8. Well No.
YATES PETROLEUM CORPORATION	9. Pool name or Wildcat
3. Address of Operator 105 South 4th St., Artesia, NM 88210	Acme San Andres, Southeast
4. Well Location	
Unit Letter K: 1650 Feet From The South Line and 2310 Feet From The West Line	
Section 12 Township 8S Range 27E NMPM Chaves County	
Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3936 GR	
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:	OTHER: Perforate, acidize & frac
12 Describe Proposed or Completed Operations (Clearly state all periment details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.  8-22-95 - Cleaned location, set and tested anchors. Made cut off on 5-1/2" casing.  Moved in and rigged up pulling unit. Installed tubinghead and BOP. Tested casing to 2000 psi. TIH with bit, scraper and 2-7/8" tubing to 2397'. Displaced casing with 2% KCL water. TOOH with tubing, scraper and bit. Rigged up wireline. TIH with logging tools and ran CNL/CBL/CCL/GR log. TOOH with logging tools and ran CNL/CBL/CCL/GR log. TOOH with logging tools and 15 complete the starting and part of the starting and 15 complete the starting and	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Kustey Flen	Production Clerk DATE Aug. 25, 1995
TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO. 505/748-147
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	SEP 8 1995
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APPROVED BY-