,	, —·			•	- (9)	1	
Submit 3 Copies To Appropriate District State of New Me			exico	1		Form C	-103
Office District I Energy, Minerals and Natur			ıral Resour	ces	·	Revised March 25,	, 1999
1625 N. French Dr., Hobbs, NM 88240					WELL API NO.	`\	
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION					30-005-63373 5. Indicate Type		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410					STATE	X FEE	
District IV Santa Fe, INIVI 8/303						Gas Lease No.	····
1220 S. St. Francis Dr., Santa Fe, NM 87505					V-4916		
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name of	or Unit Agreement Na	ame:
(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.)					Trey AYR Stat	re Com	
1. Type of Well:	V 041	٠ ټ	** **	包			
Oil Well Gas Well 2. Name of Operator	X Other		<u>*</u>	617	7. Well No.		
Yates Petroleum Cor	poration		A LICE	7	#1		
					8. Pool name or Wildcat		
3. Address of Operator 105 S. 4th Street Artesia, NM 88210 RECEIVES A OCD - ARTESIA					Comanche Wolfcamp		
				35/ L			
4. Well Location		_____________\	9292426g				
Unit Letter D	: 660 feet from t			660	feet from the	West line	
			_				
Section 31	Township 10S		27E	NMI		es County	
	10. Elevation (Sh			GR, etc.)			
11 Chao	k Appropriate Box t	3737		otice P	enort or Other	Data	
	INTENTION TO:		ature or in		EQUENT RE		
					LGOLIVI IX	ALTERING	
PERFORM REMEDIAL WORK	PLUG AND ABANI	DON	REMEDIA	L WORK		CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMEN	CE DRILL	ING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE	П	CASING T		,		
OTHER:			OTHER:	isolate ur	oper perfs and aci	idize	X
Describe proposed or complete	ed operations. (Clearly s	tate all pertine	<u> </u>				L
starting any proposed work). S							
recompilation.							
4/29/02 – MIRU pulling unit			0.50001				
4/30/02 – Set CIBP at 5766' 5/2/02 – Acidize upper Wo					+ 50% CO2		
5/3/02 – Turn well back to		730 WIIII 30	oo gais 15,	10 I C	_ + 30% CO2.		
5,5,52 1511 Hall Back 15	production						
			_				
I hereby certify that the information	re use BOP	E contro	1 device	,			
I hereby certify that the informa	ition above is true and c	omplete to the	best of my l	cnowledge	e and belief.		
SIGNATURE SIGNATURE	lipe	TITLE <u>E</u>	ngineerin	g Techr	nician DATE	May 9, 2002	
	Herpin					e No. 505-748-1 4	171
(This space for State					Telephon		
BACTE	ral signed by the					MAY 102	
APPPROVED BY Conditions of approval, if any:	nct ii supervisor	TITLE_				DATE	