

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
RECEIVED P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY -2 '89

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO.
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator YATES PETROLEUM CORPORATION ✓		6. State Oil & Gas Lease No. K-4042
3. Address of Operator 105 South 4th St., Artesia, NM 88210		7. Lease Name or Unit Agreement Name State DF
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>17S</u> Range <u>24E</u> NMPM <u>Eddy</u> County		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3734' GR		9. Pool name or Wildcat Collins Ranch Wolfcamp

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Pumping off load and testing well <input checked="" type="checkbox"/>	

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.

4-7-89. Released packer. Made 2 swab runs. Swabbed 10 bbls water. Ran rods and pump. Left pumping.
4-8-89. Pumped 99 bbls water.
4-9-89. Pumped 9 bbls water, pumped off. SI 11:30 AM.
4-10-89. Resumed pumping at 7:30 AM.
4-21-89. POOH w/packer.
4-22-89. Pumped 9 bbls water.
4-26-89. Tested well pumping. Well tested 35 psi on 1/4" tested = 68 mcf/gpd.
4-28-89. Re-installing tester.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 4-28-89
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY

TITLE

DATE

MAY 3 1989

CONDITIONS OF APPROVAL, IF ANY: