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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
SEP 30 1992
O. C. D.

WELL API NO.
30-015-~~22023~~ 23998
5. Indicate Type of Lease   STATE [X]   FEE [ ]
6. State Oil & Gas Lease No.   648

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.)

7. Lease Name or Unit Agreement Name

Millman SB State

1. Type of Well:
   OIL WELL [ ]   GAS WELL [X]   OTHER Workover

2. Name of Operator
   YATES PETROLEUM CORPORATION

8. Well No.
   1

3. Address of Operator
   105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat
   South Millman Morrow

4. Well Location

   Unit Letter ___G___ : __1980__ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

   Section __16__   Township __19S__   Range __28E__   NMPM   __Eddy__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
    3479' GR

11.   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: Propose to add Morrow pay [X]		OTHER: _____ [ ]	

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.

Well completed in Morrow perforations 11073-11083'. Propose to add pay in the Morrow Sand
as follows: Install standing valve in Guiberson L 1.81" on/off tool at 11035'. RU Vann
and TCP the Morrow from 10801-10812' w/4 SPF @ 90 degree phasing.

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 9-28-92

TYPE OR PRINT NAME   Juanita Goodlett   TELEPHONE NO. 505/748-1471

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____   TITLE _____   DATE OCT 2 1992

CONDITIONS OF APPROVAL, IF ANY: