

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 + C15F DP

OIL CONSERVATION DIVISION

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

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

RECEIVED JUN 10 1992

O. C. D.

WELL API NO. 30-015-26708

5. Indicate Type of Lease STATE [] FEE [X]

6. State Oil & Gas Lease No.

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

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

Molly QD Com

2. Name of Operator YATES PETROLEUM CORPORATION

8. Well No. 2

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

9. Pool name or Wildcat North Dagger Draw U/Penn

4. Well Location Unit Letter I : 1650 Feet From The South Line and 660 Feet From The East Line Section 13 Township 19S Range 24E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3620' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: Acidized existing perforations [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.
6-6-92. Treated well as follows: Perforations 7840-7874' w/4000 gals 20% HCL (NEFE w/ scale inhibitor) + 500# block. Straddled perfs 7717-7802' and treated w/7500g. 20% HCL (NEFE + scale inhibitor) + 800# block. Swabbed back to clean up and ran pump.

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 6-15-92
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT II DATE JUN 8 1992
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: