Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Muserals and Natural Resources Department

Form C-103 Revised 1-1-89

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P	O. Box	2088	•

WELL API NO. 30-025-23379

		# FA 4 AAAA	00 0-0 -00.2	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lea	se STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. LG 2247			
OUNDRY MOTICE	S AND REPORTS ON WELL	<u> </u>		
(DO NOT USE THIS FORM FOR PROPC DIFFERENT RESERVO (FORM C-101	7. Lease Name or Unit Agreement Name			
1. Type of Well:			† <u>-</u>	
OIL GAS WELL XX	Lonestar AAI State			
2. Name of Operator YATES PETROLEUM CORPORAT	8. Well No.	1 ·		
3. Address of Operator	9. Pool name or Wildcat			
105 South 4th St., Artes	ia, NM 88210		Eight Mile D	raw Permo Penn
4. Well Location Unit LetterK :1980_	Feet From The South	Line and 198	O Feet From The	West Line
Section 19	Township 11S Ran	nge 35E	NMPM Lea	County
	10. Elevation (Show whether I	OF, RKB, RT, GR, etc.)	<i>V</i> /	
	4139.6'	GR	//	
11. Check Ap	propriate Box to Indicate N	Nature of Notice, R	eport, or Other Da	ata
NOTICE OF INTE			SEQUENT REF	
	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
PERFORM REMEDIAL WORK	CHANGE PLANS	COMMENCE DRILLING	$\overline{}$	UG AND ABANDONMENT
PULL OR ALTER CASING	OTATIOE PERIO	CASING TEST AND C		
OTHER: Add perfs to existing	ng zone, acidize X	OTHER:		
JIHEH: Add peris to existing	ig zone, aciuize (A)	OTTILIT.		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.				
Propose to test existing Propose to add Permo Per 1) MIRU. RU rod stripg 2) TIH w/packer and RB Isolate leaks if annulu to abandon well or cont swab test, set RBP at P 10398') and swab test. CIBP, RBP or leave alon 3) Perforate Permo-Pen 10029' is giving up maj 4) Will treat with aci	nn pay as follows: per and TOOH w/rods an P. Straddle top perf s doesn't test. (Note: inue with workover). BD, set packer above be Depending on swab tes e one or both of the ex n pay as follows: 93: ority of water - will	nd pump. NU BO interval 9998- : Determination Swab test interval sts, a decision xisting product 26-9988' w/48 so not perforate	P and TOOH w/t 10029' and test on will be made erval 9998-1002 10373-10395' (a will be made ang zones. shots. (Note:	tubing. It annulus to 500 psi. It at this time whether It is a second of the second
I hereby certify that the information above is true a		ibelia.	Supervisor	DATE 4-1-92
SIGNATURE				
TYPEOR PRINT NAME Juanita	Goodlett			<u>тецерноне но. 505/748-1</u> 471
(This space for State Use)	Description			APR 06'92
APPROVED BY	т	TLE		_ DATE