STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	14. 1				
NO. OF COPIES ALCEINST	OIL CONSERVATION DIVISION P. O. BOX 2088			Form C-103 Revised 10-1-78	
SANTA FE SANTA FE, NEW MEXICO 87501			Sa. Indicate Ty	pe of Lease	
LAND OFFICE			State X 5. State Oll 6		
OPERATOR			B-104		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPIN ON PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORMI C-101) FOR SUCA PROPOSALS.)				7. Unit Agreement Name	
Yates Drilling Company				Gallagher State	
207 South 4th Street, Artesia, N.M. 88210					
Location of Well				Pool, or Wildcat	
UNIT LETTER D 330 FEET FROM THE NOTTH LINE AND 330 FEET FROM				ves Queen Gas	
THE West LINE, SECTION 35 TOWNSHIP 12S HANGE 31E HMPH					
15. Elevation (Show whether DF, RT, GR, etc.) 4435.5' GL					
6. Check Appro NOTICE OF INTEN	priate Box To Indicate N тюн то:	•	t or Other Data Equent report o	F:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL1	ERING CASING	
TEMPORARILY ABANDON	ل ـــا	COMMENCE DRILLING OPHS.		G AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQS OTHER Production (Acidize	
OTHER					
7. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent dev	ails, and give pertinent dates,	including estimated date	of starting any proposed	
TD 3100', 11-1-84. Ran 75 joints 5 1/2" 14# . Cemented with 700 sacks 6. by 200 sacks Class "C" wi cement 850 psi in 12 hour released pressure, float Acidized and Frac'd with CO ₂ , 22750 # (12000# 20/4) Starting flowing.	5-35 Poz with 6% gel th 1% CaCl ₂ and 1/4# s. PD 3:02 PM 11-3-8 and casing held okay 650 gals. 15% LST NE	, 8#/sack salt, 1/4 /sack flocele. Com 84. Bumped plug to . WOC. FE-HCL acid, 15000	<pre>#/sack flocele. pressive streng 1000# for 30 m</pre>	Followed th of inutes,	
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8. I hereby certify that the information above	is true and complete to the best	of my knowledge and belief.			
Karen Lustman	TITLE Pr	oduction Clerk	DATE	11/13/84	
			NO	V 1 5 1984 .	
APPROVED BY			DATE		
CONDITIONS OF APPROVAL, IF ANY:					