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

OIL CONSERVATION DIVISION PO Box 2088

WELL API NO.

O. Box 1980, 1000s, 1441 88240	P.O. DOX 2000		30-025-27963
DISTRICT II 2.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87	7504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. LG-814
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
I. Type of Well: OIL GAS WELL X WELL	OTHER		Woodpecker SY State
2. Name of Operator YATES PETROLEUM CORPORATIO Address of Operator	•		9. Pool name or Wildcat Saunders Permo Upper Penn
105 South Fourth Street - 4. Well Location Unit Letter G : 1980 1			30 Feet From The East Line
		oF, RKB, RT, GR, etc.) 9 'GR	NMPM County
11. Check App. NOTICE OF INTEN	ropriate Box to Indicate N	Nature of Notice, R SUE	Report, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING LIG OPNS. PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
PULL OR ALTER CASING		CASING TEST AND C	existing perfs. 9782-9962'
OTHER:		Othen.	The formation and proposed

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.

12-10-94 - POOH with rods and pump. Dropped standing valve. Tested tubing to 1500%. POOH with 2-7/8" J-55 tubing. RIH with packer and set at 9730'. Tested packer and backside to

12-11-94 - Acidized perforations 9782-9962' w/10000 gallons 20% NEFE acid and ball sealers and 3000# of rock salt block. Swabbed.

12-12-94 - Swabbed. Unset packer. POOH with packer. Ran back in hole. Released to production department.

Entered April 12 h

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Production Clerk	DATE 12-19-94 505-748-1471 TELETIONE NO.
(This space for State Use)	DEC 22 1994

_ TITLE --