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

DISTRICT II

OIL CONSERVATION DIVISION

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

NE.	LL API	NO. 30-025-2796	2
	7-4:	T	_

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5.	Indicate	Type of I	STATE X		FEE	

P.O. Drawer DD, Artesia, NM 88210	00 07504 2000	5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. LG 814				
SUNDRY NOTICES AND REPORTS ON V	VELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE! DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name				
1. Type of Well:		Woodpecker SY State			
OIL X GAS WELL OTHER					
2. Name of Operator YATES PETROLEUM CORPORATION (505)	748-1471	8. Well No.			
3. Address of Operator	740-1471	9. Pool name or Wildcat			
105 South 4th St., Artesia, New Mexico	38210	Saunders Permo Upper Penn			
4. Well Location  Unit Letter G: 1980 Feet From The North					
		Feet From The Line			
Section 21 Township 14S		IMPM Lea County			
10. Elevation (Show whee 4211.9	ther DF, RKB, RT, GR, etc.)				
Class Assessible Description		most or Other Date			
NOTICE OF INTENTION TO:		•			
NOTICE OF INTENTION TO.	_   3083	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK UPLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MENT JOB				
OTHER:	OTHER Add perfs	to existing zone, acidize XX			
12. Describe Proposed or Completed Operations (Clearly state all pertinent detail work) SEE RULE 1103.	s, and give pertinent dates, includi	ng estimated date of starting any proposed			
1-22-91. Perforated 9782-9867' w/17 .42 9805, 06, 10, 12, 13 (5 holes, 1-SPF), 98 67 (5 holes-1 SPF). 1-23-91. Acidized perforations 9782-9867 1-24-91. Well returned to production.	26, 27, 30, 31 (4 1	holes-1 SPF), 9854, 55, 56, 57,			
Perforations open: 9886-9962' 9782-9867'					
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE  TYPE OR PRINT NAME  Juanita Goodlett	and belief.  THE Production Sup	ervisor DATE 1-30-91 TELEPHONE NO. 505/748-147			
(This space for State Use) Cate Service Servic		DATE DATE			
APPROVED BY	TILE	DATE - CT			

CONDITIONS OF APPROVAL, IF ANY: