CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe. New Mexico 87504-2088		30-025-28010 5. Indicate Type of Lease	
ISTRICT III 00 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No. LG-2265		
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. GAS WELL X WELL	OTHER			
2. Name of Operator YATES PETROLEUM CORPORA			Superior WA State 8. Well No.	
3. Address of Operator 105 South 4th St., Artesia, NM 88210			9. Pool name or Wildcat Saunders Permo Upper Penn	
4. Well Location				
Unit Letter M: 660	Feet From The South	Line and 660	Feet From The West Line	
Section 11	Township 14S Ra	ange 33E	NMPM Lea County	
	10. Elevation (Show whether 4197.4	DF, RKB, RT, GR, etc.)		
	ppropriate Box to Indicate			
NOTICE OF INTI	ENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
OULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER: Acidize existing po	erforations X	OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, an	id give pertinent dates, inclu	ding estimated date of starting any proposed	
Propose to acidize and	l test existing Bough 9939-9972' - Bough D	AB, C & D perfo and 9992-9996'	rations (9778-9838' - Bough AB; - Bough E) as follows:	
1. POOH w/rods and pu	ımp. Nipple up BOP an	d TOOH w/tubing		
2. RIH w/tubing and p 3. Acidize perforation	packer. Set packer at ons 9778-9996' as foll	9700'±.		
1. 3000 gallons 2	20% HCL	ows:		
2. 2000 gallons g	gel with 3000# block w	ith ball sealer	s.	
3. 3000 gallons 2	;0% HCL ;el with 3000# block w	ith hall acalom		
5. 3000 gallons 2	0% HCL		S•	
4. Swab load back and	evaluate perforation	s 9778-9996'.	·	
5. Put back on pump.	·			
I hereby certify that the information above is true a	nd complete to the best of my knowledge and	belief.		
SIGNATURE USTER	len m	Production	Clerk Sept. 20, 1993	
TYPEOR PRINT NAME RUSTY K1	in	•	тецерноме No. 505/748-147	
(This space for State Use)				
ORIGINAL S	IGNED BY JERRY SEXTON			
APPROVED BY DIST	RICT I SUPERVISOR	I.F	SEP 2.2. 1993	