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
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-025-28138

5. Indicate Type of Lease   STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
LG 2670

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

Dove VK State

1. Type of Well:
   OIL WELL ☒   GAS WELL ☐   OTHER

8. Well No.
2

2. Name of Operator
YATES PETROLEUM CORPORATION

3. Address of Operator
105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat
Lazy J Penn

4. Well Location
   Unit Letter __E__ : __1980__ Feet From The __North__ Line and __660__ Feet From The __West__ Line

   Section __3__   Township __14S__   Range __33E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4234.5' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Perforate, Treat ☒		OTHER: ☐	

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.

Propose to perforate the Permo-Penn 9271-8670' w/52 - .42" holes and treat. Will set
RBP @ 9650' to isolate Penn perfs from the Wolfcamp perfs. Application will be made
for commingling depending on test results.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Juanita Doodlett_   TITLE Production Supervisor   DATE 4-8-92

TYPE OR PRINT NAME   Juanita Goodlett   TELEPHONE NO. 505/748-1471

(This space for State Use)   APR 1 '92

APPROVED BY ___   TITLE ___   DATE ___

CONDITIONS OF APPROVAL, IF ANY: