

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 2942	
7. Unit Agreement Name	
8. Farm or Lease Name	
Dean Ranch XA State Com	
9. Well No.	
1	
10. Field and Pool, or wildcat	
Tulk Penn	
12. County	
Lea	

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.

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
1. Name of Operator		
Yates Petroleum Corporation		
2. Address of Operator		
207 South 4th St., Artesia, NM 88210		
3. Location of Well		
UNIT LETTER	H	1870 FEET FROM THE North LINE AND 750 FEET FROM
THE East	LINE SECTION 28	TOWNSHIP 14S RANGE 32E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4314' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Acidize well <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

6-19-85. TOOH w/pump, rods, tubing and anchor. Acidized perforations 9830-44'; 9899-9913' w/2500 gals 15% NEFE acid.

6-20-85. TIH w/pump and rods. Hung well on pumping unit. Returned well to production.

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

Signed Jerry Sexton TITLE Production Supervisor DATE 7-1-85

ORIGINAL FILED BY JERRY SEXTON
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL - 5 1985

CONDITIONS OF APPROVAL, IF ANY: