Submit 3 Copies

State of New Mexico Energ. Ainerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate
District Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

WELL API NO. 30-025

DISTRICT II	Santa Fe, New Mexico 87504-2088		30-023-29331		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. LG 2265		
SUNDRY NOTICE	S AND REPORTS ON WE	LLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name		
	H. USE "APPLICATION FOR PE FOR SUCH PROPOSALS.)	PAMIT .			
1. Type of Well:			Cuporion III Ct -		
OIL GAS WELL	other Worko	oner Workover		Superior WA State	
2. Name of Operator YATES PETROLEUM CORPORATI	ON		8. Well No.		
3. Address of Operator	174 000-0	Y 174	9. Pool name or Wildcat		
105 South 4th St., Artesi	a, NM 88210		Saunders Permo Up	per Penn	
Unit Letter F: 1980	Feet From The North	Line and 1980	Feet From TheW	est Line	
Section 11	1/c	O O 100			
Section 11	Township 14S Ra 10. Elevation (Show whether	DF RKR RT GR etc.)	NMPM Lea	County	
<i>\////////////////////////////////////</i>	4197		<i>\\\\\\</i>	///////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
			SEQUENT REPOR	T OF.	
	—	300	OLGOENT REFOR	1 UF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AN	ID ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Perforate, treat	X	OTHER:			
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, ar	nd give pertinent dates, includ	ling estimated date of starting a	ty proposed	
Old perfs: 7612-7889'; 9					
Propose to add perforation	ns in existing zone	as follows: 97	784-9803 ' (11 ho1e	s) and 9814-	
9845' total 2748" hol		9784-9814 ' w/50 0	00g. 15% NEFE acid	. •	
Swab back load. Return w	ell to production.				

<i>f</i> 1	ormation above is true and complete to the best of my know	•		0.6.01
SIGNATURE	rita Docelles	TITLE	Production Supervisor	DATE
TYPE OR PRINT NAME	Juanita Goodlett			TELEPHONE NO. 505/748-1471
(This space for State Use)				
OR!	CINAL SIGNED BY JERRY SEXTON			OFD 1 () 1001
APPROVED BY	DISTRICT I SUPERVISOR	TITLE		DATE SEP 1 0 1991

CONDITIONS OF APPROVAL, IF ANY:

영영 중인 / 항목 2011년 (19

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