STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	П		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE]		
OPPRATOR			

CONDITIONS OF APPROVAL, IF ANYI

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088	Form C-103 ·
SANTA FE	SANTA FE, NEW MEXICO 87501	Revised 10-1-75
PILE		Sa. Indicate Type of Lease
U.S.G.S.		
LAND OFFICE] .	State X Fee
OPERATOR		5. State Oil & Gas Lease No.
	•	E-8087
SUND	RY NOTICES AND REPORTS ON WELLS	
OO NOT USE THIS FORM FOR PR	TION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	The for the same of the form and the same of the same	7. Unit Agreement Name
OIL SAS		
2. Name of Operator	OTHER-	
		8. Form or Lease Name
Yates Petroleum Corpora	ation	Mesa AAF State
J. Address of Operator		9. Well No.
105 South 4th St., Arte	esia, NM 88210	1
4. Location of Well		10. Field and Pool, or WHdcat
		77m A 7 7
UNIT LETTER M, , ,	990 FEET FROM THE SOUTH LINE AND 990 FEET FRO	M Lazy J
THE West LINE SECTI	ION 28 TOWNSHIP 13S RANGE 33E HAPP	MININININI
	MANAGENMPA	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
in i	4246.5' GR	Lea ////////
Check	Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
		T REPORT OF:
•		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	·
=		ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABAHDOHMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	At the second of
	OTHER Perforate & Tr	eat xx
OTHER		
•••		
17. Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.		•
TD 10100'. WIH and p	perforated 9814-34' w/12 .42" holes as follows:	9814, 15, 16, 17.
21, 22, 23, 24, 25, 32,	, 33 and 34'. Acidized perforations $9814-34'$ w/	2000 gals 15%
NEFE acid and ball seal	lers	Joes gald is
	ns 9814-34' w/7500 gals gelled 2% KCL pad and 150	
tarded agid Eluched	15 9014-34 W/7300 gais gerred 2% KCL pad and 150	Juu gais 20% re-
carded acid. Flushed w	w/4000 gals 2% KCL water.	
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o. I nereby certify that the information	shove is true and complete to the best of my knowledge and belief.	
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A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	bed Med Production Supervisor	
ORIGINAL SIGNED BY	/ IESDV CEVTON	
N -unanium biduen bi		FEB 2 3 1987
Dis.m.C71 2U7	287\^_c∧b	J A [7 Z1 1.11 17

ARCHNES OFFICE