Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-31210

5. Indicate Type of Lease STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
V-3306

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

Cerca AIX State

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
YATES PETROLEUM CORPORATION   25575

8. Well No.
1

3. Address of Operator
105 South 4th St., Artesia, NM 88210   (505) 748-1471

9. Pool name or Wildcat 960 2
Wildcat Permo-Penn

4. Well Location

Unit Letter __M__ : __660__ Feet From The __South__ Line and __810__ Feet From The __West__ Line

Section __4__ Township __14S__ Range __34E__ NMPM __Lea__ County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
4142' 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:_____ [ ]		OTHER: New well, re-acidized perforations [XX]	

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.

12-31-93. RUPU. TOH with rods and pump. Acidized down 5-1/2" casing perforations 10362-10379' (Bough A), 10403-10501' (Bough B) and 10285-10295' (Lower Wolfcamp) with 30000 gals gelled 15% HCL acid. RIH with tubing, pump and rods.

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

SIGNATURE _Juanita Goodlett_   TITLE Production Supervisor   DATE 1-4-94

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

JAN 11 1994

CONDITIONS OF APPROVAL, IF ANY: