Submit 3 Copies to Appropriate District Office

'tate of New Mexico Energy, Mine as 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 OIL CONSERVATION DIVISION

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

30-025-27981

5. Indicate Type of Lease

WELL API NO.

D. Comp. Comp. VI.	STATE X FEE L
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-173
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BY DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	ACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER	Valentine VL State
2. Name of Operator	8. Well No.
YATES PETROLEUM CORPORATION 3. Address of Operator	9. Pool name or Wildcat
105 South 4th St., Artesia, NM 88210	Saunders Permo Upper Penn
4. Well Location	
Unit Letter K: 2310 Feet From The South Line :	and 1650 Feet From The West Line
	3E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, 4188.4' G	Ψ/////////////////////////////////////
Charle Annuaries Day to Indicate Nature of	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING
	CE DRILLING OPNS. PLUG AND ABANDONMENT
	EST AND CEMENT JOB
OTHER: Perforate additional zones XX OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertine work) SEE RULE 1103.	nt dates, including estimated date of starting any proposed
CONTINUED FROM PREVIOUS PAGE	
9970-10014' w/2000 gallons 15% NEFE acid with scale 5. Set RBP at 9960'. Spot 1 barrel acid across pe to 9875'. Acidize perforations 9882-9950' w/75	rforations 9882-9950'. Pull packer
inhibitor and ball sealers. 6. Set RBP at 9875'. Spot 1 barrel acid across pe	rforations 9797-9866'. Pull packer
to 9760'. Acidize perforations 9797-9866' w/55	
inhibitor and ball sealers.	
7. Set RBP at 10030' and packer at 9150'. Swab an	d evaluate. Return to production.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIONATURE Justy Plear TITLE Pr	oduction Clerk DATE May 14, 1993
/ // TYPEOR PRINT NAME Rusty Klein	TELEPHONE NO. 505/748-147
(This space for State Lise)	MAY 1 9 1993
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APPROVED BY -

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MAY 1 6 1993

OCD HOBBS OFFICE