## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	-10	13
Revise	bs	1-	1-89

DISTRICTI			
P.O. Box 1980.	Hobbs.	NM	88240

OIL CONSERVATION DIVIS	ION
P.O. Box 2088	_

DISTRICTI	OIL CONSERVATION	NDIA12ION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	7504 2009	30-025-28132
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. LG 5422	
OLINDRY NOT	TICES AND REPORTS ON WELL		
( DO NOT USE THIS FORM FOR PE	OPOSALS TO DRILL OR TO DEEPEN C RVOIR. USE "APPLICATION FOR PERI C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Weil: OIL GAS WELL X WELL OTHER WORKOVER			Robin UT State
2. Name of Operator YATES PETROLEUM CORPO	RATION		8. Well No.  1  9. Pool name or Wildcat
3. Address of Operator 105 South 4th St., Ar	tesia, NM 88210		Saunders Permo Upper Penn
4 31/-11 I postion	Feet From The South	Line and19	80 Feet From The West Line
10	Township 15S Ran	ige 33E	NMPM Lea County
Section 10	10. Elevation (Show whether I	OF, RKB, RT, GR, etc.)	\(\ldot\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	////// 4186.5' GR		Other Date
	k Appropriate Box to Indicate N	Nature of Notice, R	Report, or Other Data  BSEQUENT REPORT OF:
NOTICE OF I	NTENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			
OTHER:		1	te & Treat Wolfcamp X
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent details, an	nd give pertinent dates, inc	luding estimated date of starting any proposed
1) 9751, 52, 55, 2) 9682, 83, 84, 3) 9584, 85, 86, 4) 9441, 42, 86,	11' w/6642" holes (2 56, 9810 and 9811' (12) 96 and 9697' (10) 9606, 07, 08, 37 and 9638 87, 96, 98, 9500 and 9502 28, 29 and 9230' (12)	3' (16)	78:
Acidized perforati Left RBP at 9832'.	ons 9216-9811' w/6600 gal	ls 15% and 20%	NEFE acid.
Work began 3-3-92	- well returned to produc	etion 3-9-92.	
I hereby certify that the information above	is true and complete to the best of my knowledge an	me Production	Supervisor DATE 4-10-92
SIGNATURE CLINICA	Dio dlitt	ME_ITOUGELION	TELEPHONE NO. 505/748-147
TYPE OR PRINT NAME Juan	nita Goodlett		TELEPHONE NO. 3037740 I.
(This space for State Use)	5 - 50 × 3 ± 5 * 5 * 5		528 1 4 '92
		mle ————	DATE

APPROVED BY -