

Submit 3 Copies  
to Appropriate  
District Office

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

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-33406
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator YATES PETROLEUM CORPORATION		6. State Oil & Gas Lease No. V-3661
3. Address of Operator 105 South 4th St., Artesia, NM 88210		7. Lease Name or Unit Agreement Name Robert AGX State
4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>700</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>16S</u> Range <u>36E</u> NMPM Lea County		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3919' GR		9. Pool name or Wildcat Lovington Penn, West

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Perforate &amp; acidize</u> <input checked="" type="checkbox"/>

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.

CONTINUED FROM PREVIOUS PAGE:

Set packer. Break down perforations. Pumped away spot acid. Opened bypass. Spotted acid with balls to packer. Closed bypass. Acidized perforations 11452-11546' with 4000 gallons 15% iron control HCL acid and ball sealers. Swabbing. 8-29-96 - Swabbed. Shut well in.

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

SIGNATURE Rusty Klein TITLE Operations Technician DATE Aug. 29, 1996  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: