Submit 3 copies to Appropriate District Office	Ener	State of New linerals and Natural F	Mexico Resources Department		Form C-103	
DISTRICT I	OIL C		ON DIVISION		Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 8824 DISTRICT II	40 –	P.O. Box 20		WELL API NO. 30 025 06	S040	
P.O. Box Drawer DD, Artesia, NM	1 88210 Sa	nta Fe, New Mexic		5. Indicate Type of Lease		
DISTRICT III		ST				
1000 Rio Brazos Rd., Aztec, NM	87410			6. State Cil / Gas Lease No.		
(DO NOT USE THIS FORM F	DRY NOTICES AND FOR PROPOSALS TO NT RESERVOIR. USE (FORM C-101) FOR S	7. Lease Name or Unit Agree	ement Name			
1. Type of Well: OIL WELL	GAS 🖂	HER				
	ACO EXPLORATION	& PRODUCTION INC.		8. Well No. 2		
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			9. Pool Name or Wildcat			
4. Well Location				Eumont Yates 7RVS	3 QN (Pro Gas)	
Unit Letter <u>M</u>	660	Feet From The <u>SOU</u>	TH_Line and <u>660</u>	Feet From The WEST	Line	
Section 9 Township 20S Range 37E NMPM LEA COUNTY						
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3537						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
PERFORM REMEDIAL WORK			REMEDIAL WORK	JBSEQUENT REPO		
			COMMENCE DRILLING OPE			
PULL OR ALTER CASING						
OTHER:	<u> </u>	0	OTHER:	Re-enter abandoned wellbor	e 53	
 Describe Proposed or Comple work) SEE RULE 1103. 	eted Operations (Clearly	v state all pertinent detai	ls, and give pertinent dates, i		\leftarrow \lefta	
7/3/95: MIRU. Drilled out cemen Circulated clean. 7/5/95: Drilled out cement from 1 Circulated clean and tested to 300	040'-1290' and dronner	1 out Taggod comont 4		eld>. Drilled out cement form	n 870'-1040' .	
7/6/95: Ran GR-CNL-CCL from 7/7/95: Perforated on interval 319	3612'-2000' and GR to	J annulus with 2% KCL surface	water.			
AIR=6 BPM, ISIP=1670psi). 7/8/95: TIH with treating packer a 7/10/95: Fracture stimulated form 7/11/95: Released packer and TC	and set @ 3131'. nation with 68000g get +					
7/15/95-8/3/95: Returned to prod						
8/4/95: OPT test: 0 BO, 23 BW,	530 MCF (24 hour, pur	mping)				

I hereby certify that the information bove is true and complete to the best SIGNATURE	I of hy knowledge and belief. TITLE Engineering Assistant J. Carriger	DATE <u>10/23/95</u> Telephone No. <u>397-0426</u>
(This space for State Use 1921)		
APPROVED BYTITLE		DATECCT_273