Submit 3 Copies to Appropriate	Energy, Mineraus and Namra	d Resources Department	Revised 1-1-89
District Office			
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	•		6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON V	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
1. Type of Well: OL OL WELL X WELL			Devonian State
2. Name of Operator			8. Well No.
Citation Oi' & 3. Address of Operator	Gas Corp.		2 9. Pool name or Wildcat
	th Sta 250 Houston	Toxac 77070 5622	
4. Well Location	th ste 250 houston,	Texas 77070-5025	Eumont Yates 7 Rivers Queen
Unit Letter B :	660 Feet From The Nort	h Line and 1	980 Feet From The <u>East</u> Line
Section 20	Township 21S		NMPM Lea County
	10. Elevation (Show whe	eiher DF, RKB, KT, GR, eic.)	
11. Check	Appropriate Box to Indica	ate Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	
	CHANGE PLANS		S OPNS.
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:			·
		the second s	

12. Describe Proposed or Completed Operations (Clearly state all persinent details, and p^2 , persinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Citation Oil & Gas Corp. ran in hole w/7" Halco CIBP and set @ 3775' w/6 sx on top. Shot 1 JSPF from 3375'-3637'. Bullheaded 3000 gal 15% NEFE HCL. Fractured Queen/Seven Rivers w/816 bbls of 50/50 CO2 YF340 LPH. Staged 73,000 # 12-20 Brady sand up to 6 ppg throughout job. Acidized Yates 3080' - 3301' w/2000 gals 15% NEFE HCL. Staged 83,000# of 12-20 Brady sand up to 3 ppg w/50% CO2 system. Ran in hole with Retrieva DB seal assembly on 2 3/8" production string. Pulled plug. Returned well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Sharpy Date 2-15-91				
TITE OR PRINT NAME Sharor E. Ward	713-469-9664	TELEPHONE NO.		
(This space for State Use)	•			
APPROVED BY	. TILE	DATE		