

ench Dr., Hobbs, NM 88240
W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-20783
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Vandiver Com
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Atoka; Morrow, West (Gas)

SUNDRY NOTICES AND REPORTS ON 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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	RECEIVED
2. Name of Operator Yates Petroleum Corporation	JUN 29 2005
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	DOO-ARTESIA
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>West</u> line and <u>990</u> feet from the <u>South</u> line Section <u>18</u> Township <u>18S</u> Range <u>26E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3430'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Fix casing, perforate and acidize <input checked="" type="checkbox"/>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/25/05 – 6/16/05

Casing is parted at 435'. Pull out 13 joints 4-1/2" casing, collar split. TOOHH with 7 joints casing. Casing that was pulled had holes in them. Tried to cut casing at 975'. Casing did not cut. Cut casing at 1010'. TOOHH with 10-1/2 joints casing. Casing has holes in it. Latched onto casing stud. Circulated down 8-5/8" casing up 4-1/2" casing. Still have holes in casing. Dropped slips and cut casing. Found packer at 1400'. TIH with CBL. Logged from 8760'-6650'. TOC at 6845'. Set RBP at 6915'. Tested casing every 1000' with 1500 psi. Casing good from 1379' down to 6915'. TOH with packer. Cut casing at 1463'. TIH with packer type patch and 4-1/2" casing. Test patch to 1000 psi for 30 min. Released RBP. Set CIBP at 7200'. Perforate squeeze holes at 5700'. Set cement retainer at 5670'. Did not shear off cement retainer. Latched onto setting tool. Shear off cement retainer. Pumped 700 sx Lite cement and 500 sx "C" Neat cement. Circulated cement to surface. Drilled out cement retainer and cement. Tested casing to 1000 psi for 30 min. Drilled out CIBP at 7200'. TIH to PBTd at 8930'. Circulated hole clean. Perforate Morrow 8878'-8906' with 169 - .42" holes. Set packer at 8842'. Acidize Morrow with 1600g 7-1/2% IC HCL and 3000 SCF/bbl N2.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tina Huerta TITLE Regulatory Compliance Supervisor DATE June 23, 2005

Type or print name Tina Huerta E-mail address: tinah@ypcnm.com Telephone No. 505-748-1471

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE JUN 30 2005

Conditions of Approval (if any):