

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-21998

Indicate Type of Lease

STATE ☐

FEE ☐

State Oil & Gas Lease No.

K-6593

Lease Name or Unit Agreement Name

State "HC"

Well No.

1 JAN 08 2004

Original name or Wildcat

OCD ARTESIA

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.)

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
John A. Yates, Jr.

Address of Operator

Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 2 Township 17S Range 27E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Notify OCD 24 hrs before starting

1. Move in rig POH w/ rods ND well NU BOP POH w/tub.
2. RU Suhlumberger run log to check San Andres, Gryburg and Queen zone
3. Check whit office to see if to plug back and perf. or to PA well
 - (A) If plug back set CIBP @ 1550 perf. sqz holes circulate cmt on 5 1/2 notify OCD of zone to be perf
 - (B) If no plug back PA well

PA

1. Set CIBP @ 1550' cap w/ 35' cmt (perf 1572 to 1578)
2. Perf 4 holes @ 1500 sqz. w/ 35 sx.cmt woc tag
3. Perf 4 holes @ 1008 sqz. w/ 50 sx. cmt. (8 5/8 shoe @ 958) woc tag (if circulate . circulate cmt to surface)
4. Perf. 4 holes @ 60' circulate cmt to surface woc TAG
5. Cut off well head install dry hole marker

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

SIGNATURE

Wayne Brooks

TITLE

Agent

DATE

1-8-04

TYPE OR PRINT NAME

Wayne Brooks

TELEPHONE NO.

432 6612141

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep II

DATE

1-9-04

CONDITIONS OF APPROVAL, IF ANY: