

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
1 gy, Minerals and Natural Resources Departme

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB 14 1991

O. C. D.
ARTESIA, OFFICE

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Foster AN Com

8. Well No.

1

9. Pool name or Wildcat

North Dagger Draw Upper Penn

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th St., Artesia, NM 88210

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section

1

Township

20S

Range

24E

NMPM

Eddy

County

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

3624' GR

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: Perforate holes in existing zone ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

- Propose to:
- 1) Tag cement @ $\pm 7873'$. Drill out cement to 7830'.
 - 2) Perforate Canyon Dolomite as follows: (4" casing gun, .50" holes) 7810, 12, 14, 16, 18, 20' (2 SPF-12 holes)
 - 3) TIH with tbg and packer. Set packer @ $\pm 7800'$.
 - 4) Treat down tubing @ ± 1 BPM with 2500 gals 20% HCL acid.
 - 5) Swab and evaluate.
 - 6) Return to production.

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

SIGNATURE

Juanita Goodlett

TITLE Production Supervisor

DATE 2-13-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-147

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY

TITLE

DATE

FEB 22 1991

CONDITIONS OF APPROVAL, IF ANY: