

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL API NO.
30-025-35327

5. Indicate Type of Lease
State FEE

7. Lease Name or Unit Agreement Name
North Papalotes State Unit

8. Well No.
1

9. Pool Name or Wildcat
Wildcat Mississippian

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL GAS
WELL WELL OTHER

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South 4th., Artesia, NM 88210

4. Well Location
Unit Letter **A** : **990** Feet From The **North** Line and **660** Feet From The **East** Line
Section **36** Township **14S** Range **34E** NMPM Lea COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4064' 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

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.

3-20-01-TD 430'. Drilled float, shoe & cement. Test casing to 500 psi-OK.
Finish drilling cement plug. Drilled formation @ 5:30 am 3-20-01.
Detailed casing report: Ran 9 jts 42# H40, 11 3/4" (404'), casing set @
400' cement with 400 sacks Class C 2% CaCl2 (yld 1.32, wt. 14.8). PD @
10:00 am 3-19-01. Bumped plug to 600 psi-OK- Float held OK cement.
Circulate 67 sacks. WOC 19-1/2 hours. Reduced hole to 11'. Resumed
Drilling.

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

SIGNATURE Donna Clack TITLE Operations Technician DATE 10/25/01

TYPE OR PRINT NAME Donna Clack TELEPHONE NO 505-748-1471

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

5
C
5