

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Perforator	Oil
Operator	Gas

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 87401

O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

JUN 02 '89

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-005-60602

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 567

7. Lease Name or Unit Agreement Name

Grynberg LZ State

8. Well No.

1

9. Pool name or Wildcat

Pecos Slope Abo

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 I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 36

Township 5S

Range 24E

NMPM

Chaves

County

10. 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: Propose to perforate additional Abo ☒

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 perforate, acidize and frac additional Abo intervals 3706-16', 3775-78'
3815-21' and combine with existing Abo production from perforations 3910-46'.

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

SIGNATURE

TITLE Production Supervisor

DATE 5-31-89

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

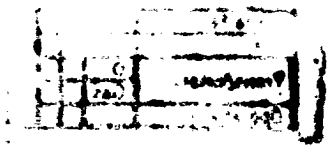
SUPERVISOR DISTRICT II

TITLE

DATE

JUN 5 1989

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED

1915

1915