

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

AUG 07 1981

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-3591
7. Unit Agreement Name
8. Farm or Lease Name Tamarack "QF" State
9. Well No. 1
10. Field and Pool, or Wildcat Linda San Andres
12. County Chaves

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Yates Petroleum Corporation

Address of Operator

207 South 4th St., Artesia, NM 88210

Location of Well

UNIT LETTER D 330 FEET FROM THE North LINE AND 990 FEET FROM
THE West LINE, SECTION 32 TOWNSHIP 6S RANGE 26E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3658' GR

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 ☐
RELL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐ OTHER Sand Frac ☒

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.

TD 1250' - Rig up pulling unit. TOOH w/rods & tubing. Sand frac perforations 969-990' w/1000 gallons 15% NE acid followed w/40000 gallons gelled KCl water, 90000# sand (10000# 100 mesh & 80000# 20/40 sand). Set pumping equipment. Start pumping back load.

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

FILE W. A. Gressett

TITLE Engineering Secretary

DATE 8-7-81

APPROVED BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT 7

DATE AUG 11 1981

CONDITIONS OF APPROVAL, IF ANY: