

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

WELL API NO.

30-005-62165

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-1858

7. Lease Name or Unit Agreement Name

Whiptail ZX 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 H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 11

Township 9S

Range 23E

NMPM

Chaves

County

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

3737' 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.

Propose to plug and abandon as follows:

1. Set CIBP at 3050' and cap with 35' of cement.
2. Spot a 10 sack cement plug at surface.
3. Install regulation abandonment marker.

NOTIFY OCD-ARTESIA (505-748-1283) 24 HOURS PRIOR TO COMMENCING PLUGGING OPERATIONS

Set 100' cement plug across 8 3/8" shoe 1123-923' Tag
Set 100' cement plug across 13 3/8" shoe 387-287' Tag

Plugging mud between all plugs.

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

SIGNATURE

Rusty Klein

TITLE

Operations Technician

DATE

Aug. 20, 1996

TYPE OR PRINT NAME

Rusty Klein

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

SEP 5 1996

CONDITIONS OF APPROVAL, IF ANY: