

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
K-4042

7. Lease Name or Unit Agreement Name

State DF

8. Well No.
1

9. Pool name or Wildcat
Collins Ranch Wolfcamp

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" C. D.
(FORM C-101) FOR SUCH PROPOSALS.)

APR 07 '89

ARTESIA, OFFICE

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 35 Township 17S Range 24E NMPM Eddy County

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

3734' 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: Treat Well ☒

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.

Acidized existing perforations 4927-4971 w/5000 gals Gel Pad and 2500 gals CO2, 20000 gals gelled 20% NEFE acid with 10000 gals CO2, 5000 gals 20% NEFE with no retard plus 2500 gals CO2, 5000 gals flush and overflush with 2500 gals CO2, 1 drum scale inhibitor in 5000 gals Pad + 8 ball sealers in 5000 gals gelled acid.

Began work 3-22-89 - completed 3-27-89.

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 4-6-89

TYPE OR PRINT NAME Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 10 1989