

State of New Mexico
Energy, Minerals and Natural Resources Department

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 AP# NO 30-015-20436

5. Indicate Type of Lease

State ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR TO USE 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 N 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line

Section 23 Township 17S Range 25E NMPM EDDY COUNTY

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

3495' GR

7. Lease Name or Unit Agreement Name

EAGLE CREEK BL

8. Well No.

2

9. Pool Name or Wildcat

EAGLE CREEK SAN ANDRES

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.

YATES PETROLEUM CORPORATION proposes to plug & abandon as follows:

RU wireline. Make guage ring runto 1320'. Set CIBP @ 1300'.

MIRU WSU; ND wellhead; RU cementers. TIH w/ tubing & tag CIBP @ 1300'. Circ hole w/ cement estimate @ 120 sx.

Rig down; install regulation marker.

Notify OCD 24 hrs. prior to any work done.

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

SIGNATURE

TITLE

Operations Technician

DATE

3/11/02

TYPE OR PRINT NAME

DONNA CLACK

TELEPHONE NO

505-748-1471

(This space for State Use)

APPROVED BY

TITLE

DATE

MAR 15 2002

CONDITIONS OF APPROVAL, IF ANY