State of New Mexico

Form C-103

Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICTI P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-23294 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATEX FEE 🗀 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 L-4495 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Pubco NO State Com Type of Well: Workover VED WELL. WELL 🔯 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION MAR 03'89 9. Pool name or Wildcat 3. Address of Operator Eagle Creek Permo Penn 105 South 4th St., Artesia, NM 4. Well Location Feet From The __East 1650 Lines and 1650 : 1980 Feet From The South Unit Letter ___J__ Eddy County **NMPM** 24E 17S Range 36 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3656' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Perforate, Treat 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. 2-17-89. MIRU. 2-18-89. Perforated 6440, 41, 42, 51, 54 and 6455', and 5041-5044' w/12 .40" holes 2 (SPF). Acidized perfs 6440-6455' w/1000 gals 15% NEFE acid and 5 ball sealers. 2-19-89. Acidized perfs 5041-44' w/2000 gals 15% NEFE acid. Returned to production. 3-2-89. 6297-6506' (original perforations) Perforations open: 6440-6455' (new perforations) 5041-5044' (new perforations) I hereby certify that the information above is true and complete to the best of my knowledge and belief. mr Production Supervisor SIGNATURE TELEPHONE NO. 505/748-1471 Juanita Goodlett

TYPE OR PRINT NAME (This space for State Use) MAR 6 1989 Original Signed By Mike Williams TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY