

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
NOV 27 1984
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 3374

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Yates Petroleum Corporation ✓ 3. Address of Operator 207 South 4th St., Artesia, NM 88210 4. Location of Well UNIT LETTER B 330 FEET FROM THE North LINE AND 2310 FEET FROM East THE LINE, SECTION 32 TOWNSHIP 16S RANGE 31E NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Zephyr "ZQ" State 9. Well No. 1 10. Field and Pool, or WHdcat Square Lake Grbg-SA 11. Elevation (Show whether DF, RT, GR, etc.) 3948' GR 12. County Eddy
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Sand frac well <input checked="" type="checkbox"/>

17. 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 5700'. Frac'd perforations 4984-5051' w/2500 gallons 15% NE acid, 30000 gallons 30# gel and 60000# 20/40 sand. Flowed back to recover load. Waiting on pumping unit.

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

SIGNED Leslie A. Clements TITLE Production Supervisor DATE 11-26-84

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ DATE NOV 28 1984

CONDITIONS OF APPROVAL, IF ANY: