

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

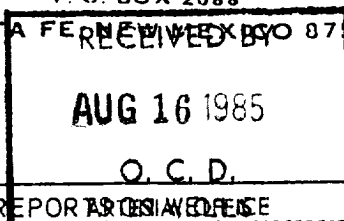
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	☒



5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
LG 3374	

SUNDRY NOTICES AND REPORTS TO BE FILED
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL OR TO RESEAL A RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐	GAS WELL ☐	OTHER ☐	7. Unit Agreement Name
Name of Operator Yates Petroleum Corporation ☒			8. Farm or Lease Name Zephyr ZQ State
Address of Operator 207 South 4th St., Artesia, NM 88210			9. Well No. 1
Location of Well UNIT LETTER <u>B</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE. SECTION <u>32</u> TOWNSHIP <u>16S</u> RANGE <u>31E</u> NMPM.			10. Field and Pool, or wildcat Square Lake Grbg-SA
11. Elevation (Show whether DF, RT, GR, etc.) 3948' GR			12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ Set CIBP, Perforate, Treat

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.

8-6-85. Set CIBP at 4950' w/35' cement on top. Set CIBP at 4000' w/35' cement on top.
8-7-85. Perforated 3351-56' w/10 .50" holes (2 SPF). Acidized eprfs 3351-56' w/500
gals 15% Spearhead acid.
8-9-85. Frac'd (via casing) perforations 3351-56' w/20000 gals gelled KCL water,
25000# (10000# 20/40 + 15000# 12/20) sand, 1000 gals 15% acid.

Set pumping equipment and returned well to production. Well producing from perforations
3351-56'

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

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 8-14-85

APPROVED BY _____ TITLE Les A. Clements DATE AUG 20 1985

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District II