

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

45F
Op
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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11083

7. Lease Name or Unit Agreement Name

Artesia Metex Unit

8. Well No.

#51

9. Pool name or Wildcat

Artesia, Qn, Grbg., SA

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 RECEIVED
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

MAR 20 '89

2. Name of Operator

Yates Drilling Company

3. Address of Operator

105 South 4th St., Artesia, N.M. 88210

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 26

Township 18S

Range 27E

NMPM

Eddy

County

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

3550'

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: Acidize and frac ☒

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.

5-15-81 Moved in pulling unit, pulled rods and tubing.

5-18-81 Set formation packer at 1835'. Acidized w/ 30 bbls. 15% HCL.
Frac'd w/ 40000 gals. gelled water, 23000# 20-40 sand, 5200# 10-20 sand,
700# salt in 3 blocks.
Put well back on production.

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

SIGNATURE Karen J. Leishman TITLE Production Clerk DATE 3-17-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY _____ TITLE _____ DATE MAR 20 1989

CONDITIONS OF APPROVAL, IF ANY: