

State of New Mexico
Energy, Minerals and Natural Resources Department

DISTRICT

P.O. Box 1000, Pecos, NM 87540

DISTRICT

P.O. Drawer 20, Artesia, NM 88210

DISTRICT

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL APPLIC

30-015-20064

5. Indicate Type of Lease

State

FEE X

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

KINCAID BI

8. Well No

1

9. Pool Name or Wildcat

PENASCO DRAW, SAN ANDRES YESO

1. Type of Well:

OIL

GAS

WELL

X

WELL

OTHER

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th., Artesia, NM 88210

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 25 Township 18S Rang 25E NMPM EDDY COUNTY

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

11. 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

X

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER

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 TEMPORARILY ABANDON AS FOLLOWS:

1. MIRU PU & safety equipment.
2. Pump 2% KCL water down tubing as needed to ND wellhead & install BOP.
3. POH w/ tubing; TIH w/ tubing; load hole as necessary w/ 2% KCL water.
4. RU wireline to run gauge ring to 1400'. Run & set 7" CIBP @ 1395' & cap w/ 35' cement.
5. TIH w/ tubing; load hole w/ 2% KCL water w/ 1 gpt corrosion inhibitor.
6. Pressure test casing to 500 psi & record chart for 30 minutes.
7. POH laying down tubing. ND BOP, install B1 adaptor w/ ball valve.

Notify OCD 24 hrs. prior to any work done

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

SIGNATURE

Donna Clark

TITLE

Operations Technician

DATE

6/3/02

TYPE OR PRINT NAME

DONNA CLARK

TELEPHONE NO.

505-748-1471

(This space for State Use)

APPROVED BY

TITLE

Wild Sep ID

DATE

JUN 6 2002

CONDITIONS OF APPROVAL, IF ANY.

Notify O.C.D. 24
hours prior to test.
748-1283