

*CIS*  
*OP*

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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. 30-015-20064

5. Indicate Type of Lease

State

FEE

☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

KINCAID BI

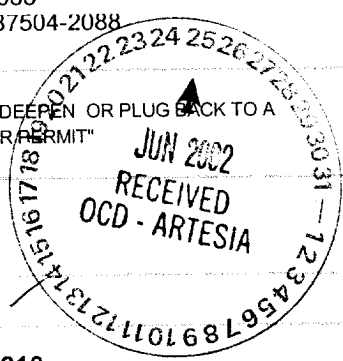
8. Well No

1

9. Pool Name or Wildcat

PENASCO DRAW, SA, YESO

SUNDY 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. Type of Well:

OIL GAS  
WELL ☒ 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:

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 ☐ T/A ☐

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.

6-12-02- MIRU; ND wellhead, NU BOP. POH w/ tubing: SD for night.  
6-13-02- RU Baker Atlas. Set CIBP @ 1400' w/ 35' cement. RD Baker. TIH & lay down tubing. Run 1300' of tubing in & circ hole w/ 2% KCL w/ CI. Test casing but would not test. POH w/ tubing. TIH w/ 7" packer. SD for night.  
6-14-02- RU & tested casing to 500#, held OK for 30 minutes. RD Crain. Laid down tubing; ND BOP. Cap off & shut well in. RD & move off. Well is T/A

*Post TP*

Temporary Abandoned Status approved  
until 6-13-07

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

SIGNATURE *Donna Clack*

TITLE **Regulatory Technician**

DATE **6/24/02**

TYPE OR PRINT NAME **DONNA CLACK**

TELEPHONE NO. **505-748-1471**

(This space for State Use)

APPROVED BY *[Signature]*

TITLE *Wild Ap ID* DATE **JUL 2 2002**

CONDITIONS OF APPROVAL, IF ANY: