

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

RECEIVED

DEC 17 1991

WELL API NO.

30-015-24403

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
(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
WELL ☒

GAS
WELL ☐

OTHER RECOMPLETION

Whirlwind WL

2. Name of Operator

YATES PETROLEUM CORPORATION

8. Well No.

1

3. Address of Operator

105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat

Undes. Yeso

4. Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 15

Township 18S

Range 25E

NMPM

Eddy

County

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

3533' GR

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: Repair holes, Plugback, Perforate, Trt ☒

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.

9-5-91. RU. Pull pump & rods. Spotted 20 sx plug 7900-7600' WOC 2 hrs. Tag plug @ 7734'. Spot 20 sx plug 7500-7200'. Tag plug @ 7450'. Spot 20 sx C1 "C" Neat plug 7540'. Tag @ 7230'. POOH w/tbg closed. Blind rams and leak between 4 1/2" and 8-5/8" csg. Found leak in 4 1/2" csg from 4622-87'. Perforated 4 squeeze holes @ 7050'. Set RTTS 6990'. Pumped thru perfs @ 3 BPM 1400 psi. Circ. hole w/2% KCL wtr. POH w/RTTS pkr. Ran squeeze packer, set @ 6665'. Pump 1000g. mud flush @ 3 BPM -1400 psi. Cmt'd w/325 sx Silicalite cmt w/1% CaCl and 100 sx C1 "C" w/1% CaCl. Washed up pumps & lines. Displaced cmt to ± 7000' w/2% KCL wtr. Pulled 60 jts tbg. Tbg @ 4700'. Reversed out. Pump down 4 1/2" csg and 2-3/8" tbg w/68 bbls. Did not reverse out any cmt. POH w/tbg. WOC. Ran Temp. Survey and found TOC at 5080'. Repaired hole in csg @ 4622-87'. Broke circ. down csg - 3 BPM @ 250 psi. Set EZ drill retainer @ 4590'. Circ. hole 3 BPM @ 1000 psi. Mixed 500 sx 50/50 Poz + 200 sx Class "C" w/additives. WOC. Drilled out cmt retainers @ 4590 and 6665'. Ran CBL 7200' to 1500'. Perforated Penn 6920-7106' w/18 - .50" holes. Acidized perfs 6920-7106' w/3000g. 15% NEFE HCL acid. Swabbed dry.

(cont'd page 2)

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

SIGNATURE

TITLE

Production Supervisor

DATE 10-7-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE VALUJAS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

DEC 17 1991

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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1000 Rio Brazos Rd., Aztec, NM 87410

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

RECEIVED

SEP - 8 1991

WELL API NO. 30-015-24403
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Whirlwind WL
8. Well No. 1
9. Pool name or Wildcat Undes. Yeso
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3533' GR

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER RECOMPLETION
2. Name of Operator YATES PETROLEUM CORPORATION
3. Address of Operator 105 South 4th St., Artesia, NM 88210

4. Well Location Unit Letter M : 660 Feet From The 660 Line and South Feet From The 660 Line Section West Township 15 Range 18S NMPM 25E County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Perforated Wolfcamp, cement across Yeso. Perforate Yeso, treat. <input checked="" type="checkbox"/>

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.

page 2 - continued. Set CIBP at 6900' w/35' cement on top. Perforated Wolfcamp as follows: 5300, 01, 02, 03, 04, 11, 12, 13, 19 and 5320' (10 holes). Acidized perms w/1500 g. 15% NEFE acid. Swabbed and recovered load. Set CIBP at 5280' w/35' of cement on top. Perforated 2 holes at 2400'. WIH w/pkr. Set at 2500', Pumped in formation w/small psi drop at 1000#. Spotted 200 g. 15% Acid across perms set at 2600'. Pumped 50 sx Class C cement in formation. Pull out of retainer. Reversed hole. Had no indication of flow in 4 1/2" or 8-5/8" casing. Perforated Yeso 2194'-2307' as follows: 2194, 98, 2201, 06, 13, 26, 29, 39, 52, 57, 62, 78, 92, 95, and 2307'. Acidized perms 2194-2307' w/3000g. 20% NEFE acid. Frac'd Yeso 2194-2307' w/40000g. 30# XL and 61000# 20/40 sd. Set pump and rods 9-27-91.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 10-7-91
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: