

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 06 1984

O. C. D.

ARTESIA, NM

Form C-103
Revised 10-1-78

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		5. State Oil & Gas Lease No.
3. Address of Operator 207 South 4th St., Artesia, NM 88210		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>L</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.		8. Farm or Lease Name Platt PA
		9. Well No. 11
		10. Field and Pool, or Wildcat Atoka Glorieta Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3318' GR		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Correction on frac ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Correction on sand frac.

Sand frac'd perforations 3433-3777' w/80000 gallons gel KCL water and 120000# 10/20 sand. (Erroneously reported as 20000# 10/20 sand).

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

SIGNED Leslie A. Clements

TITLE Production Supervisor

DATE 11-6-84

APPROVED BY _____

Original Signed By
TITLE Leslie A. Clements

DATE NOV 0 8 1984

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District II