

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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RECEIVED BY
SANTA FE, NEW MEXICO 87501
OCT 7 1985
O. C. D.
ARTESIA, OFFICE

3a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator Yates Petroleum Corporation		8. Farm or Lease Name Boykin ACV Com
Address of Operator 207 South 4th St., Artesia, NM 88210		9. Well No. 1
Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.		10. Field and Pool, or wildcat Atoka Glorieta Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3377' GR		12. County Eddy

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <u>FRAC CORRECTION</u> <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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7. 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 FRAC.

Frac'd perforations 3589-3623' (15 holes) and 3292-3380' (15 holes) w/60000 gal gel KCL water, * 120000# (60000# 20/40 & 60000# 12/20) sand, 1500 gals 15% NEFE acid.

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

SIGNED Raymond Goodlett TITLE Production Supervisor DATE 10-4-85

Original Signed By
Les A. Clements

PROVED BY Supervisor District II TITLE DATE OCT 17 1985

CONDITIONS OF APPROVAL, IF ANY: