

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL APN NO.
30-015-25665

5. Indicate Type of Lease

State ☒ FEE ☐

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.)

7. Lease Name or Unit Agreement Name

Compromise SWD

1. Type of Well:

OIL ☐ GAS ☐
WELL ☐ WELL ☐ OTHER ☒ SWD

8. Well No

#1

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th., Artesia, NM 88210

9. Pool Name or Wildcat

Wildcat Strawn

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 800' Feet From The East Line

Section 30 Township 18S Range 27E 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 ☐ Workover ☒

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.

11/29/01-Rigged up pulling unit. Tested 5-1/2" casing to 500 psi. held for 30 mins- tested good. Tested 8-5/8" casing to 500 psi. held for 30 mins-tested good. Tested 8-5/8" casing to 500 psi.

11/30/01 Braden headsqueeze. on 8 5/8 x 5 1/2 annulus with 100 sx 'C' Neat. Flushed with 5 bbls water. Left 700 psi on 8 -5/8" casing. Turned well to production.

12/31/01 Returned to injection. Final report.

1/29/02-It was retested and witnessed by Phil Hawkins of the OCD.

RECEIVED
OCD ARTESIA

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

SIGNATURE Erma Vazquez TITLE Operations Technician DATE 1/29/02

TYPE OR PRINT NAME Erma Vazquez TELEPHONE NO 505-748-1471

(This space for State Use)
APPROVED BY [Signature] TITLE Compliance Officer DATE 2-1-02

CONDITIONS OF APPROVAL, IF ANY



