

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

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

DEC 4 '89

WELL API NO.

30-015-26137

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1152

7. Lease Name or Unit Agreement Name

Desana Unit

8. Well No.

1

9. Pool name or Wildcat
Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR REDESIGN A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th St., Artesia, NM 88210

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 17 Township 18S Range 24E NMPM Eddy County

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

3808' 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: Tested well, Perforate Yeso ☒

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.

11-2-89. SITP 1400#. Flow test 3 hours on 1/2" choke. Final flow pressure 3#.

11-21-89. SITP 1510' at 12:00 AM FTP 2# at 2:00 PM. Opened 2 hours and 10 minutes on 32/64" choke.

11-27-89. MIRU. POOH w/RBP from 4953' and packer from 4824'. WIH w/packer and RBP. Tested RBP to 2000#. Straddled perforated interval 4932-4990'. Set packer above. Made 1 swab run.

11-29-89. Swabbed to seating nipple. Recovered 18 bbls. Installed 1/8" choke. After 2 hrs, GTS, TSTM, but would burn. Swabbed dry.

11-30-89. POOH w/packer and RBP. Perforated 1675-1739' w/15 .40" holes as follows: 1675, 76, 80, 92, 95, 97, 1700, 19, 21, 23, 25, 32, 35, 37 and 1739'. WBIH w/packer, RBP. Straddled perforated interval. Swabbed dry after recovering 8 bbls with no show of gas.

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

SIGNATURE

TITLE Production Supervisor

DATE 12-1-89

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

DEC - 7 1989

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: