

clsf
Op

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

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|---|
| WELL API NO. 30-015-31719 |
| 5. Indicate Type of Lease State <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 7. Lease Name or Unit Agreement Name Yates AS Fee Com |
| 8. Well No. #6 |
| 9. Pool Name or Wildcat Wildcat Chester |

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 ☐ GAS ☐
WELL ☐ WELL ☒ OTHER ☐

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South 4th., Artesia, NM 88210

4. Well Location
Unit Letter K : 1550 Feet From The South Line and 1600 Feet From The West Line
Section 25 Township 18 Range 25 NMPM COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3464'

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 Perforate, Acidize, Frac ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

6-30-01 - Pickup 4 -3/4" big and 5-1/2" casing scrapper and pickup 2-7/8" 6.5# L-80 tubing. Tag 9172'. Pick tubing with 900 gal NE/FE acid and displace hole with 7% treated fluid. Run CCL/CBL/GR Log from PBTD 9151' to 6000'. Perforate Morrow Sand Zone with 6 JSPF with 4" casing guns. 8980-9006' = 162 holes. TIH with 5-1/2" mini-6 packer to 6100'. Acidized with 1000 gals 7.5% MSA. Turn well over to Production Department.



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

SIGNATURE Erma Vazquez TITLE Operations Technician DATE 11/8/01
TYPE OR PRINT NAME Erma Vazquez TELEPHONE NO 505-748-1471
APPROVED BY [Signature] **ORIGINAL SIGNED BY TIM W. GUM** DATE NOV 16 2001
DISTRICT II SUPERVISOR