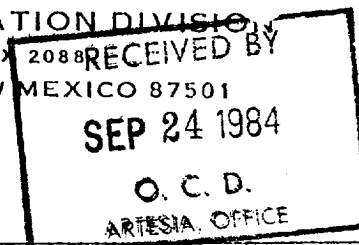


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-73

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 ☐ GAS WELL ☒ OTHER ☐

Name of Operator
Yates Petroleum Corporation

Address of Operator
207 South 4th St., Artesia, NM 88210

Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 20S RANGE 25E NMPM.

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Moore FQ

9. Well No.
1

10. Field and Pool, or Wildcat
Under Atoka

12. County
Eddy

15. Elevation (Show whether DF, KT, GR, etc.)
3562' GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Change zone, perforate, treat <input checked="" type="checkbox"/>

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.

Set CIBP at 9350' w/35' cement on top. WIH and perforated 9073-9128' w/12 .45" holes as follows: 9073, 74, 77, 9107, 08, 09, 17, 19, 22, 24, 26 and 28'. Acidized perfs 9073-9128' w/2000 gallons 15% NE acid, N2 and 10 ball sealers. Flowed well. Well stabilized at 230 psi on 1/8" choke = 84 mcfpd.

Post FD-2
10-5-84
P+H Morrow

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 9-24-84

APPROVED BY _____ TITLE Original Signed By Leslie A. Clements Supervisor District II DATE SEP 28 1984

CONDITIONS OF APPROVAL, IF ANY: