

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

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

WELL API NO. 30-015-22746
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6287

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Irish Hills JE State Com
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 1
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Undesignated Canyon
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>19S</u> Range <u>24E</u> NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3604' GR	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Abandon Atoka & recompleto to Canyon <input checked="" type="checkbox"/>

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.
9-25-96 - Moved in and rigged up pulling unit. Nippled down flowline. Shut down.
9-26-96 - Loaded annulus with 5 bbls. Pumped in at 2.5 BPM at 500#. Bled off tubing. Loaded with 20 bbls. Nippled down tree and nipped up BOP. Released packer. Reversed hole. Circulated out 8-5/8" X 4-1/2". Leaking from 8-5/8" casing below head. TOOH with tubing and packer. TIH with 4-1/2" Uni VI RBP with K-valve and 4-1/2" Uni V packer. Set RBP at 8489' and tested to 2000#. Tested casing for leaks. Isolated holes. Casing tests at 1500# from 4617' to 8489'. Holes from 4580' on up to 2195'. TOOH with packer.
9-27-96 - Isolated holes in casing from 45550-4617'. Pumped in at 1 BPM at 1200#; holes from 1700-1880' - pumped in at 250#; 1200-1380' - 1000# pressure. Bled off to 0 in 1 minute. TOOH with tubing. TIH with 3-1/8" casing guns and perforated 7743-7778' w/46 .32" holes as follows: 7743-7748', 7757-7763' and 7774-7778'. TOOH with casing guns. TIH with 4-1/2" Uni V packer. Spot 1 bbl 15% acid at 7806'. Nippled down BOP and nipped up tree. Set packer and flange at 7690'. Breakdown perforations. Acidized perforations 7743-7778' with 4000 gallons 15% iron control HCL acid and ball sealers.

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

CONTINUED ON NEXT PAGE:

SIGNATURE Rusty Klein TITLE Operations Technician DATE Oct. 11, 1996
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

OCT 25 1996

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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

WELL API NO.	30-015-22746
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	L-6287
7. Lease Name or Unit Agreement Name	
Irish Hills JE State Com	
8. Well No.	1
9. Pool name or Wildcat	Undesignated Canyon

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 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 12 Township 19S Range 24E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3604' GR

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Abandon Atoka & recomple to Canyon <input checked="" type="checkbox"/>	

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.
CONTINUED FROM PREVIOUS PAGE:
Flowed and swabbed.
9-28-30-96 - Swabbed. Shut well in.
10-1-96 - Swabbed. Dig out around 8-5/8" head. Could not visually find hole in 8-5/8".
Shut well in.
10-2-96 - Pumped 3 bbls KCL down annulus. Circulated out 4-1/2" X 8-5/8". Closed valve on 4-1/2" X 8-5/8". Water coming up around 8-5/8". Cleaned out cellar with backhoe. Had 4' of cement bottom in cellar. Could not locate hole in 8-5/8". Wait on decision from engineers. Filled cellar back in. Swabbed. Shut well in.

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

SIGNATURE Rusty Klein TITLE Operations Technician DATE Oct. 11, 1996

TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-147

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUN
DISTRICT II SUPERVISOR

OCT 25 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: