

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 API NO.

30-015-23409

5. Indicate Type of Lease

State ☒ FEE

6. State Oil & Gas Lease No.

E-641

7. Lease Name or Unit Agreement Name

NORTH MILLMAN UNIT

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

8. Well No

2

9. Pool Name or Wildcat

MILLMAN STRAWN, MORROW GAS

4. Well Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 8 Township 19S Rang 28E 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

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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

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.

YATES PETROLEUM CORPORATION PROPOSES TO TEMPORARILY ABANDON AS FOLLOWS:

1. MIRU PU & safety equipment.
2. Pump 2% KCL water down tubing as needed to ND wellhead & install BOP.
3. POH w/ rods, tubing & downhole equipment. TIH to retrieve packer set @ 10,837'; POH. Load hole w/ treated water as needed.
4. RU wireline to run gauge ring to 10,841'; run & set 5.5" CIBP @ the following depths:
10,841' & cap # 35' of cement (over Morrow perfs)
9,670' & cap w/ 35' cement (over Strawn perfs)
5. TIH w/ tubing; load hole w/ 7% KCL water w/ 1 gpt corrosion inhibitor
6. Pressure test casing to 500 psi & record chart for 30 minutes.
7. POH laying down tubing; ND BOP, install B1 adaptor w/ ball valve. RD, move off.

Notify OCD 24 hrs. prior to any work done

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

SIGNATURE

Donna Clack

TITLE

Operations Technician

DATE

6/12/02

TYPE OR PRINT NAME

DONNA CLACK

TELEPHONE NO.

505-748-1471

(This space for State Use)

APPROVED BY

TITLE

Wild Sep 20

DATE

JUN 19 2002

CONDITIONS OF APPROVAL, IF ANY:

Notify O.C.D. 24
hours prior to test.
748-1283