

CLSF
dp

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

123456789
JUL 2002
RECEIVED
OCD - ARTESIA

WELL API NO. 30-015-23541

5. Indicate Type of Lease

State FEE

6. State Oil & Gas Lease No.

FEDERAL LEASE # NM-86241

7. Lease Name or Unit Agreement Name

HILLVIEW AHE FEDERAL COM

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 INJECTION

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th., Artesia, NM 88210

4. Well Location

8. Well No

2

9. Pool Name or Wildcat

DAGGER DRAW UPPER PENN

Unit Letter : 1650 Feet From The NORTH Line and 1780 Feet From The EAST Line

Section 23 Township 20S Rang 24E 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 ☒ 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.

NOTIFY OCD 24 HRS. PRIOR TO ANY WORK DONE

Yates Petroleum Corporation respectfully proposes to Temporary Abandon this well for a period of one (1) year in order to evaluate for possible future deepening to the basement. Well will be T/A as follows:

1. MIRU WSU; RU safety equipment; load tubing & casing. NU BOP, release packer & TOH.
2. RU WL. RIH w/ CIBP & set @ 7500'. Dump 35' cement on plug.
3. TIH w/ tubing. Circulate hole w/ inhibited 2% KCL water.
4. Test casing to 500 psi for 30 minutes.
5. TOH w/ tubing. ND BOP & NU wellhead; fill casing w/ fluid.

Notify OCD **24 hours**
prior to test. 748-1283

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

SIGNATURE

Donna Clark

TITLE

REGULATORY TECH

DATE

7/1/02

TYPE OR PRINT NAME

DONNA CLARK

TELEPHONE NO.

505-748-1471

(This space for State Use)

APPROVED BY

TITLE

Wild Dog ID

DATE

JUL 8 2002

CONDITIONS OF APPROVAL, IF ANY:

Well Name: Hillview AHE Fed Com #2 Field: _____

Location: 1650' FNL & 1780' FEL Sec. 23-20S-24E Eddy Co., NM

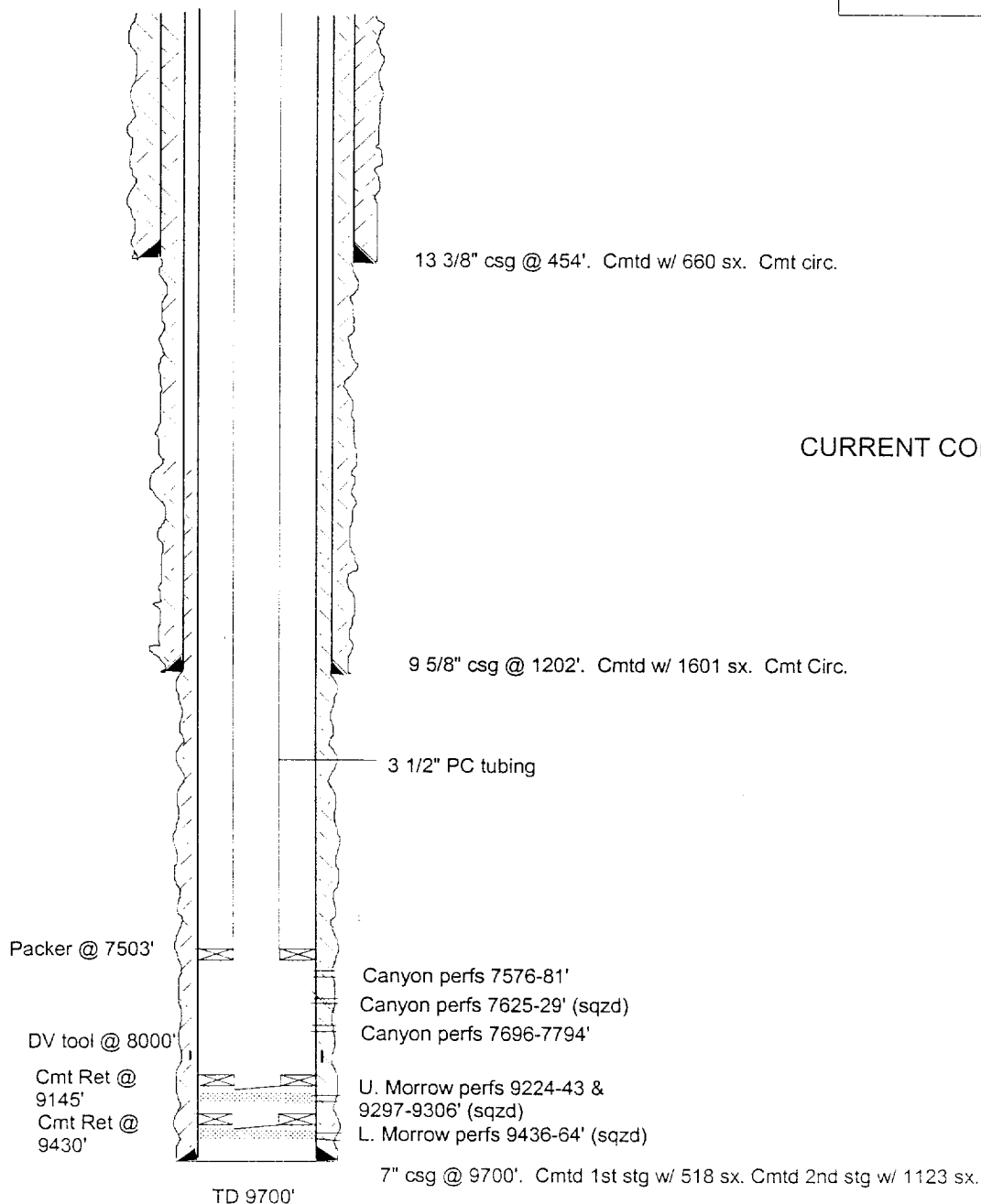
GL: 3627' Zero: _____ AGL: _____ KB: 3640'

Spud Date: _____ Completion Date: _____

Comments: _____

Casing Program

Size/Wt/Grade/Conn	Depth Set
13 3/8" 54.5# K55 ST&C	454'
9 5/8" 36# K55 ST&C	1202'
7" 26 & 29#	9700'



CURRENT CONFIGURATION

SKETCH NOT TO SCALE

DATE: _____

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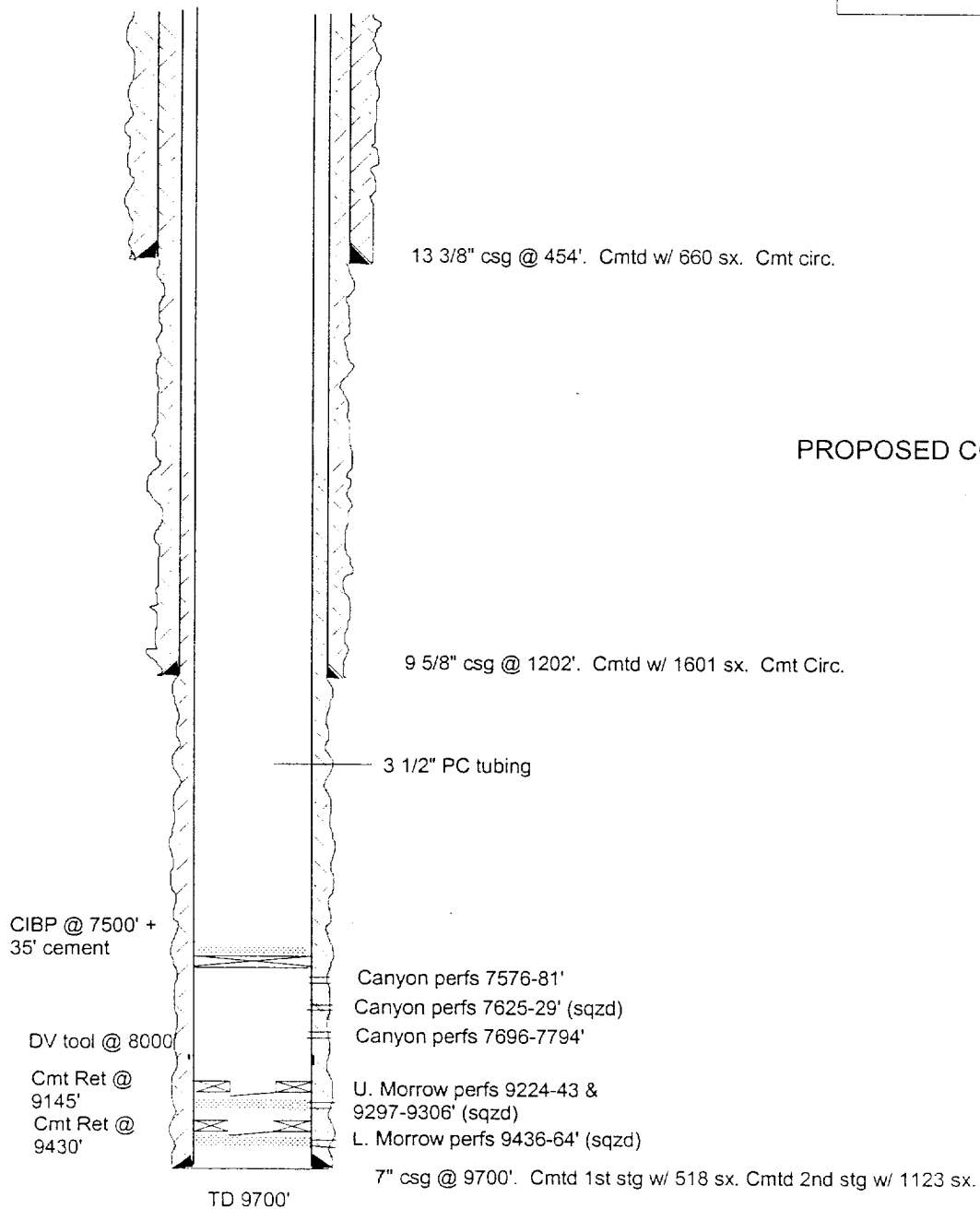
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