

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

JUL 08 1991

O. C. D.

ARTESIA, OFFICE

WELL API NO.
30-015-26299

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 ☐ Workover

2. Name of Operator
YATES PETROLEUM CORPORATION

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

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line
Section 1 Township 20S Range 24E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3610' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: ☐ 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.

6-11-91. RUPU. Flowed well down. ND wellhead and installed BOP. TIH w/4 jts 2-7/8" tubing and tagged cement retainer. Strap out of hole with tubing. Retainer at 7830'. Steam clean tubing.

6-12-91. Pumped 50 bbls of preflush (1%) at 2 BPM on vacuum. Pumped 750 bbls of X-linked Polymer at AIR of 2 BPM. Well stayed on vacuum entire time. Flushed treatment with 50 bbls of lease crude. Shut well in.

6-18-91. Bled well down. Made 3 swab runs and well kicked off flowing. Continued swabbing until 6-21-91.

6-21-91. Well returned to production.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 7-5-91

TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 12 1991

CONDITIONS OF APPROVAL, IF ANY: