

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.
30-015-26647

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

JUN 06 1991

2. Name of Operator
YATES PETROLEUM CORPORATION

O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name

Wayfarer AIY State

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

8. Well No.
1

9. Pool name or Wildcat
Undes. Cisco-Canyon

4. Well Location
Unit Letter P : 990 Feet From The South Line and 660 Feet From The East Line
Section 25 Township 19S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3322.6' GR

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: Acidize well ☒

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.

5-22-91. Re-treated perforations 10387-10394' w/1500 gals 15% NEFE acid with 1000 SCF N2 per bbl.

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 6-3-91

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 JUN 28 1991

CONDITIONS OF APPROVAL, IF ANY:

Y4 QW000 JANDUÃO
1972-1973
1974-1975

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OIL CONSERVATION DIVISION

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

MAY 21 1991

O. C. D.

WELL API NO. 30-015-26647
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1775
7. Lease Name or Unit Agreement Name Wayfarer AIY State
8. Well No. 1
9. Pool name or Wildcat Wildcat Upper Penn

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 P : 990 Feet From The South Line and 660 Feet From The East Line

Section 25 Township 19S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3322.6' 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: Perforate, Treat Upper Penn <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.

5-1-91. RU Schlumberger. Set CIBP at 11550' and cap with 35' cement. Set CIBP at 11100' and cap with 35' cement. Perforate Lower strawn 10770-803' w/11 - .40" holes and Upper Strawn 10683-687' w/10 - .40" holes as follows: 10770, 771, 772, 773, 774, 775, 787, 790, 795, 797 and 10803', 10683, 684, 685, 686, and 10687'. Acidized perfs 10770-10803' w/3500g. 15% NEFE HCL acid. Acidized perfs 10683-687' w/1500g. 15% NEFE HCL acid. Swabbed well thru 5-11-91.

5-14-91. Treated well with 5000 gals gelled KCL pad, 30000 g. 20% acid.

5-17-91. Moved RBP to 10640' and tested to 2000 psi. TOOH with packer. Perforated 10387-10394' w/4 SPF.

5-19-91. Well flowed 7 BO. Swabbed dry in 3 runs. Recovered 13 bbls oil, no water.

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 5-20-91

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 JUN 28 1991

CONDITIONS OF APPROVAL, IF ANY: