

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

JUN 20 1991

O. C. D.

WELL API NO.

30-015-26647

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

Undes. Cisco-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 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: Treated perforations ☒

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.

5-21-91. CORRECTION: Treated perforations 10387-10394' (REPORTED AS RE-TREATED) with 1500 gals 15% NEFE acid with 1000 SCF N2/bbl. Well started cutting 50% - 60% condensate.

5-21-91. Well flowed total 191 BO and 10 BW from 12:45 PM-6:45 AM 5-22-91.

6-3-91. Pumped 5000 gals gelled KCL pad, 15000 gals 15% NEFE acid - perforations 10387-10394'

6-5-91. Well flowed total 146 BO and 7 BW in 24-hr period.

6-6-91. Well flowed total 192 BO in 24 hours.

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 6-19-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 28 1991

CONDITIONS OF APPROVAL, IF ANY: