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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.
30-015-26827

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 ☐ RECEIVED

2. Name of Operator
YATES PETROLEUM CORPORATION MAY - 8 1992

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

7. Lease Name or Unit Agreement Name

Pincushion AHN

8. Well No.
3

9. Pool name or Wildcat
North Dagger Draw U/Penn

4. Well Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line
Section 30 Township 19S Range 25E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3554' 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: Add perforations to existing zone ☒

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.

Current perforations: 7818-20', 7736-53', 7699-7705', 7633-37'.
5-5-92. TOH with sub pump. Perforated 7772-82' w/12 holes (2 SPF) as follows: 7772, 74, 76, 78, 80 and 7778'. TIH with tubing, packer and RBP. Straddle perfs 7772-82' and break at 4000 psi. Acidized w/500 gals 20% NEFE acid. Moved packer to 7660'. Acidized perfs 7699-7782' w/28000 gals 20% NEFE gelled acid with 1 drop of 700# block halfway thru acid. Swabbed - recovering load. Release tools. TOH.
Ran sub pump. Returned well 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 5-7-92
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 MAY 11 1992

CONDITIONS OF APPROVAL, IF ANY: