

+ dkr
Op

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

MAY 19 1992

O. C. D.

WELL API NO.
30-015-26914

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Foster AN

8. Well No.
3

9. Pool name or Wildcat
North Dagger Draw U/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 A : 660 Feet From The North Line and 660 Feet From The East Line
Section 1 Township 20S Range 24E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3582' 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: Perforate & Treat ☒

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.

Drilled out DV tool at 5591'. Made scraper run and clean out to 8215'. Perforated 7760-7784' w/24 - .50" holes (2 SPF) as follows: 7760, 62, 64, 66, 68, 70, 72, 74, 78, 80, 81, and 7784'. When guns shot, well went on vacuum. Swabbed well.
Perforated 7714-7792' w/16 - .50" holes (2 SPF) as follows: 7714, 16, 18, 32, 34, 36, 7790 and 7792'. Straddle, break and acidize perms 7714-36' w/1200g. 20% HCL. Straddle 7714-92' and treat w/16000g. 20% HCL. Recovered load.
5-9-92. Put well on pump.

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 5-18-92
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 _____ DATE MAY 25 1992

CONDITIONS OF APPROVAL, IF ANY: