

Submit 3 copies
to appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL API NO. 30-015-27027

5. Indicate Type of Lease

State FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

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 GAS
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th., Artesia, NM 88210

4. Well Location

Unit Letter B 710 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 14 Township 20S Range 24E NMPM EDDY

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

3616' 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 Temporary Abandonment

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

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.

5-8-02- MIRU PU. Bled well down. Unset TAC; POH w/ 240 jts 2-7/8" & 10 jts 1-1/2" dip tube. Shut well in & SD for night.
5-9-02- RU JSI; run GR junk basket to 7600'. Set CIBP @ 7575' w/ 35' cement - RD JSI. TIH w/ tubing open ended to 7480'.
Circulate hole w/ 2% KCL water; tested casing to 500# for 30 minutes, held OK. SI & SD for night.
5-10-02- Lay down 240 jts 2-7/8" tubing; ND BOP, NU B1 adapter & install ball valve. Temporary abandonment complete -
FINAL REPORT. Test chart attached.

Temporary Abandoned Status approved

until 5-8-07

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

SIGNATURE

Donna Clack

Operations Technician

DATE

5/14/02

TYPE OR PRINT NAME

DONNA CLACK

TELEPHONE NO.

(This space for State Use)

APPROVE BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

Field Rep

DATE



Post
+H