

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103  
Revised 10-1-

APR 29 1983

O. C. D.

ARTESIA, OFFICE

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

K-6854

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 - P" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation <input checked="" type="checkbox"/>	8. Farm or Lease Name Stonewall WM State
3. Address of Operator 207 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER 0 560 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 20S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Und. Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3258' GR	12. County Eddy

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Frac treat well

17. 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.

TD 4953'. Frac'd well w/40000 gallons 75 Quality Methanol foam, 52000# (36000# 20/40 and 160000# 10/20) sand.  
Set pumping equipment. Pumping back load and testing well.

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

SIGNED Leslie A. Clements

TITLE Production Supervisor

DATE 4-27-83

Original Signed By

Leslie A. Clements

APPROVED BY \_\_\_\_\_

TITLE Supervisor District II

DATE APR 29 1983

CONDITIONS OF APPROVAL, IF ANY: