

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

RECEIVED
JUL 25 1991

O. C. D.

ARTESIA, OFFICE

WELL API NO.

30-015-24769

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.)

7. Lease Name or Unit Agreement Name

South Avalon YI Com

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER Workover

2. Name of Operator

YATES PETROLEUM CORPORATION

8. Well No.

1

3. Address of Operator

105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat

Crozier Bluff-Atoka Gas

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 2100 Feet From The West Line

Section 23

Township 21S

Range 26E

NMPM

Eddy

County

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

3140' 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: Add Atoka perforations ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Propose to drop SV and test tubing to 2500 psi. Retrieve SV and TOOH with packer and tubing. Perforate Atoka 10540-10570' w/26 holes. Acidize perms 10540-10570' with 2000 gals 15% NEFE HCL acid. Swab/flow test well.

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

SIGNATURE

TITLE Production Supervisor

DATE 7-23-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-147

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 29 1991