

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	☒

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
K-6261

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.

RECEIVED BY

JUN 21 1984

O. C. D.

ARTESIA, OFFICE

OIL WELL ☐ GAS WELL ☐ OTHER ☐

Name of Operator
Yates Petroleum Corporation ☒

Address of Operator
207 South 4th St., Artesia, NM 88210

7. Unit Agreement Name

8. Farm or Lease Name
Citdel ZG State

9. Well No.
1

Location of well

UNIT LETTER A 330 FEET FROM THE North LINE AND 330 FEET FROM
East LINE, SECTION 36 TOWNSHIP 20S RANGE 27E N.M.P.M.

10. Field and Pool, or Wildcat
Undes. Delaware

11. Elevation (Show whether DF, RT, GR, etc.)
3289' GR

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PLUG OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☒ Frac well

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

Describe Reported or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 5100'. POOH w/packer and RBP. Frac'd perforations 4871-80 and 5023-26' w/1000 gallons 15% NE acid, 40000 gallons gelled 1% KCL, 70000# (10000#-100 Mesh and 60000# 20/40) sand. Set packer at 4850'. Swabbed well to recover load.

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 6-19-84

Original Signed By

Leslie A. Clements

Supervisor District II

APPROVED BY

TITLE

DATE

JUN 22 1984

CONDITIONS OF APPROVAL, IF ANY: