DIGIL OF THEM THENDED Form C-1W Submit 3 Copies Energy ** inerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-26584 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. V - 1673SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Lost Tank AIS State 1. Type of Well: weil XX 8. Well No. 2. Name of Operator -1 (505) 748-1471 YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator Lost Tank Delaware 105 South 4th St., Artesia, New Mexico 88210 4. Well Location I : 1980 Feet From The South Line and 660

Range

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3612' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

1-4-92. Drilled out DV tools at 4592' and 7426'. Perforated zone 1 - 8382-8406' w/16 .50" holes (2 SPF) as follows: 8382, 83, 90, 91, 98, 99, 8405, 8406' Acidized 8382-8406 w/750 g. 7½% NEFE acid. Frac'd zone with 2000g. 35# linear gel, 9500g. 35# XL gel w/24000 20/40 sand. Perforated zone 2 - 7148-7208' w/24 .50" holes (2 SPF) as follows: 7148, 50, 55, 60, 64, 67, 70, 95, 99, 7203, 06 and 7208'. Acidized 7148-7208' w/1000 g. 7½% NEFE acid. Frac'd zone

31E

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

THE Production Supervisor

OTHER: Perforate, Treat

21S

PLUG AND ABANDON

with 3000g. 35# linear gel, 19000 g. 35# XL gel w/46000# 16/30 sand.

CHANGE PLANS

Township

NOTICE OF INTENTION TO:

36

Section

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

1-10-92. Set pumping equipment.

TYPEORPRINT NAME Juanita Goodlett

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -

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

VINE SILLIAM

ORIGINA: SIGNED BY

PERVENIP. DISTRICT IL

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

Line

County

Feet From The

SUBSEQUENT REPORT OF:

NMPM

Eddy

ALTERING CASING

PLUG AND ABANDONMENT

DATE 1-27-92

- DATE -

TELEPHONE NO. 505/748-1471

JAN 2 9 1992