

Submit 2 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

RESERVED

Form C-116
Revised 1/1/89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 13 1991

O. C. D.
ARTESIA OFFICE

GAS - OIL RATIO TEST

Operator YATES PETROLEUM CORPORATION		Pool Lost Tank Delaware Pool		County Eddy											
Address 105 South 4th St., Artesia, NM 88210		TYPE OF TEST - (X)		Completion ☒ Scheduled ☐											
LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW. ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU FT/BBL.		
		U	S	T						R	WATER BBL.	GRAV. OIL		OIL BBL.	GAS MCF.
Mary AIV State	3	B	36	21	31	7-24-91	P 2"	40	M93	24	60	37	60	80	1333

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

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

Juanita Goodlett
Signature

Juanita Goodlett - Production Supvr.

Printed name and title

8-9-91

Date

(505) 748-1471

Telephone No.

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OIL CONSERVATION DIVISION

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WELL API NO.

30-015-26729

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 9280

7. Lease Name or Unit Agreement Name

Mary AIV State

8. Well No.

3

9. Pool name or Wildcat

Wildcat Delaware

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER WORKOVER

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th St., Artesia, NM 88210

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 36 Township 21S Range 31E NMPM Eddy County

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

3612.5' 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 Delaware Sand pay & treat ☒

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.

Well completed in Delaware perforations 7103-7035'. Propose to add additional perforations as follows: Zone 1: 8297-8359' (20 holes). Acidize with 1250 gals 7½% NEFE acid.
Zone 2: 8080-8127' (24 holes). Acidize with 1500 gals 7½% NEFE acid.
Zone 3: 7705, 7706, 7707' (6 holes). Acidize with 500 gals 7½% NEFE acid.
Zone 4: 7462, 7463, 7464' (6 holes). Acidize with 500 gals 7½% NEFE acid.
Zone 5: 7361-7372' (14 holes). Acidize with 750 gals 7½% NEFE acid.
Zone 6: 6647-6683' (24 holes). Acidize with 1500 gals 7½% NEFE acid.

Zones will be swabbed and tested separately. Decision will be made to frac zones depending on tests.

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

SIGNATURE

TITLE Production Supervisor

DATE 7-30-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 31 1991