

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

WELL API NO.

30-015-20423

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil & Gas Lease No.
V-120

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

Medano VA State

1. Type of Well:

OIL
WELL ☒

GAS
WELL

Dual SWD & Oil Well
OTHER Order # SWD-411(DC)

2. Name of Operator

KATES PETROLEUM CORPORATION

(505) 748-1471

8. Well No.

1

3. Address of Operator

105 South 4th St., Artesia, New Mexico 88210

9. Pool name or Wildcat

James Ranch Bone Springs/Undes.

4. Well Location

Delaware

Unit Letter K : 1947 Feet From The South Line and 1986 Feet From The West Line

Section 16 Township 23S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.,
3358' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOBS	☐		
OTHER:	☐			OTHER: Dual well	☒		

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 approved for dual completion Order No. SWD-411(DC).
4-7-91. Tested disposal perforations 8065-8639'. Landed longstring.
4-9-91. Ran shortstring. Well producing from Bell Canyon and Brushy Canyon (Delaware formation) at depths of 4218-4237' and 7825-7856'.
4-17-91. 1ST water injection thru 2-7/8" plastic-lined tubing installed in packer at 7797', injection interval 8065-8639' Bone Springs formation.

Well dualled through a dual string of tubing.

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

SIGNATURE Juanita Goodlett

TITLE Production Supervisor

DATE 5-9-91

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:

MAY 14 1991