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CISF
dp

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

JAN 19 1993

WELL API NO.
30-015-27155

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-3589

7. Lease Name or Unit Agreement Name

Pauline ALB State

8. Well No.
7

9. Pool name or Wildcat
Wildcat Delaware

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
YATES PETROLEUM CORPORATION

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

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 32 Township 23S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3383' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Perforate, Treat ☒

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.

1-4-93. Drilled DV tool at 6708'. Perforated 7793-7967' w/16 - .42" holes as follows:
7793, 94, 95, 7801, 05, 06 and 7807' (7 holes), 7884, 88, 92, 99, 7901, 24, 35, 66 and 7967'
(9 holes). Acidized perfs 7884-7967' w/1500 gals 7½% NEFE acid. Acidized perfs 7793-7807'
w/1000 gals 7½% NEFE acid. Frac'd all perfs 7793-7967' w/30000 gals 35# XL gel with 54000#
16/30 Brady and 30000# 16/30 resin coated sand.
1-5-93 - Hang well on pump.

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 1-8-93

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 JAN 29 1993

CONDITIONS OF APPROVAL, IF ANY: