

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  
FEB 11 1992

O. C. D.  
ARTESIA OFFICE

WELL API NO.  
30-015-23959

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-2173

7. Lease Name or Unit Agreement Name

Southland AKL State

8. Well No.

1

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 RE-ENTRY-P&A

2. Name of Operator

YATES PETROLEUM CORPORATION ✓

3. Address of Operator

105 South 4th St., Artesia, NM 88210

4. Well Location

Unit Letter H : 2080 Feet From The North Line and 660 Feet From The East Line

Section 1 Township 25S Range 27E NMPM Eddy County

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

3092.4' 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: ☐

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.

**COMPLETED PLUGGING AS FOLLOWS:**

Pull up to 1300' and spotted 50 sx to fill up to 700' (top of salt at 816'). Pulled up to 350' and spot 35 sx to surface. Finished laying down tubing. ND. Cut off 4-1/2" to 8-5/8". Installed dry hole marker. Plugging completed 2-5-92.

Post ID-2  
11-20-92  
P & H

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 2-7-92

TYPE OR PRINT NAME Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY [Signature] TITLE Bill Rg DATE 5/12/93

CONDITIONS OF APPROVAL, IF ANY: