

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.

30-015-26105

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1085

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

Approved by Order

DHC-808

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th St., Artesia, NM 88210

7. Lease Name or Unit Agreement Name

East Apple State Unit

8. Well No.

1

9. Pool name or Wildcat

Delaware River-Bone Springs
Undes. Delaware Pool

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 5

Township

26S

Range

28E

NMPM

Eddy

County

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

3026' 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: Downhole Commingle ☒

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.

7-23-91. POOH w/rods, pump and tubing. WIH w/overshot. Pulled RBP to 5050'. Went back in hole w/on/off tool. Latched onto RBP @ 6000'. Opened by-pass. POOH with RBP. Put well on pump.

Well is commingled by Administrative Order DHC-808 producing from perforations as follows:

Delaware perforations: 4765-5145'

Bone Spring perforations: 6812-7955'

Assignment of allocation of production will be as follows:

Delaware Pool: Oil 65%, Gas 0%

Bone Spring Pool: Oil 35%, Gas 100%

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 8-16-91

TYPE OR PRINT NAME

Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

SEP 24 1991

CONDITIONS OF APPROVAL, IF ANY: