

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-21872

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-10709

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

State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
2

2. Name of Operator
Citation Oil & Gas Corp.

9. Pool name or Wildcat
Jalmat Yates

3. Address of Operator
8223 Willow Place South, Suite 250, Houston, Texas 77070-5623

4. Well Location
Unit Letter **E** : **1650** Feet From The **North** Line and **660** Feet From The **West** Line
Section **36** Township **24S** Range **36E** NMPM **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc)
3278 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Clean out, Drill out CIBP, stimulate</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.
Citation Oil & Gas Corp. requests permission to clean out, drill out current CIBP and stimulate the above well with the attached procedure.

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

SIGNATURE Sharon Ward TITLE Regulatory Administrator DATE 7/21/00
TYPE OR PRINT NAME Sharon Ward TELEPHONE NO. (281) 469-9664

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 25 2000

CONDITIONS OF APPROVAL, IF ANY:

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