

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

OCT 30 1992

O. C. D.

WELL API NO.
30-005-61378

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Western Com

8. Well No.

1

9. Pool name or Wildcat

Pecos Slope Abo

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐ 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 M : 660 Feet From The South Line and 660 Feet From The West Line

Section 19

Township 6S

Range 25E

NMPM

Chaves

County

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

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.

Plugged well as follows: Set CIBP at 3363'. Dump 35' cement on CIBP. TIH w/2-3/8" tubing. Displaced hole mud. Spot 25 sx cement plug @ 2785'. TOH w/2 3/8" tubing. TIH w/wireline. Cut 4-1/2" casing at 1800'. RD wireline. TOH and laid down 1800' of 4-1/2" casing. TIH w/2-3/8" tubing. Spot 50 sx cement plug at 1858'. Pull up and SD for 1 hour. Tagged plug at 1640'. Spot 25 sx cement plug at 970'. Spot 10 sx cement plug at surface. Installed dry hole marker. Cut off anchors and cleaned location.

WELL PLUGGED AND ABANDONED. WORK COMPLETED 10-22-92.

Post ID-2
11-6-92
P&A

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 10-28-92

TYPE OR PRINT NAME Juanita Goodlett

TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY [Signature]

TITLE SEP Rg

DATE 5/16/94

CONDITIONS OF APPROVAL, IF ANY: