

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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 22 1991

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|---|
| WELL API NO. 30-005-62775 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. LG 5246 |
| 7. Lease Name or Unit Agreement Name Pathfinder AFT State |
| 8. Well No. 7 |
| 9. Pool name or Wildcat Diablo SA |

SUNDRY NOTICES AND REPORTS ON WELLS.
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR REPACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD <input type="checkbox"/> |
| 2. Name of Operator YATES PETROLEUM CORPORATION ✓ |
| 3. Address of Operator 105 South 4th St., Artesia, NM 88210 |

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|--|
| 4. Well Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>10S</u> Range <u>27E</u> NMPM Chaves County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3835' GR |

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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: Acidize well <input checked="" 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.

2-19-91. Acidized perforations 2488-2626' w/1000 gals 15% NEFE acid with paraffin inhibitor down tubing. Flushed w/15 bbls 2% KCL water. Returned to injection.

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 2-21-91
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)
APPROVED BY MIKE WILLIAMS ORIGINAL SIGNED BY MIKE WILLIAMS DATE FEB 22 1991
SUPERVISOR, DISTRICT II TITLE _____
CONDITIONS OF APPROVAL, IF ANY: