

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

CLSF
bp

Form C-103

Revised March 25, 1999

WELL API NO.

30-005-63052

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-2982

7. Lease Name or Unit Agreement Name:

Quincy AMQ State

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 ☒ Injection

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 S. 4th Street Artesia, NM 88210

4. Well Location

Unit Letter **G** : **2310** feet from the **North** line and **2310** feet from the **East** line

Section **12** Township **8S** Range **27E** NMPM **Chaves** County

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

3938' GR

7. Well No.

#9

8. Pool name or Wildcat

Acme San Andres, Southeast

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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Acidize and step rate test <input checked="" type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/15/02 - Acidized injection perfs 2184-2229' with 2250 gals 20% IC HCL.

Run step rate test from 1/4 BPM to 2.0 BPM. Pressure increased from 800 psi at 1/4 BPM to 1263 psi at 2.0 BPM.

Turn well back to injection.

Accepted for record - NMOCD

Only

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

SIGNATURE Susan Herpin TITLE Engineering Technician DATE March 25, 2002

Type or print name Susan Herpin Telephone No. 505-748-1471

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: