

State of New Mexico  
Energy, Minerals and Natural Resources Department

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.	30-005-63307
5. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
VA-2069	
7. Lease Name or Unit Agreement Name	
HANDICAPPER SWD STATE	
8. Well No.	#1
9. Pool Name or Wildcat	
SWD ORDIVICIAN	

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 ☐ GAS ☐ WELL ☐ OTHER ☐ SWD ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South 4th., Artesia, NM 88210

4. Well Location

Unit Letter **B** : **660** Feet From The **NORTH** Line and **1980** Feet From The **EAST** Line

Section **3** Township **10S** Range **26E** NMPM **CHAVES** COUNTY

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

3821' 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 ☐ MIT

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.

3-27-02 - MIRU PU

3-28-02 - NU BOP; packer is set - release packer. TOH w/ packer (had hole in tubing just above packer). Shut down, prep to run packer back.

3-29-02 - Notified Van Barton w/ Artesia NMOCD - TIH w/ packer; set packer @ 5933'. Loaded casing w/ packer fluid. Tested packer to 500 psi for 30 min - test good. Test chart attached.

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

SIGNATURE

*Donna Clack*  
DONNA CLACK

TITLE

Operations Technician

DATE

4/8/02

TYPE OR PRINT NAME

*Field Rep ID*

TELEPHONE NO.

505-748-1471

(This space for State Use)

APPROVED BY

TITLE

DATE

APR 15 2002

CONDITIONS OF APPROVAL, IF ANY:



