

Submit 3 Copies To Appropriate District
Office
District I
1635 S. Congress Ave. El Paso, NM 88501
District II
1635 S. Congress Ave. El Paso, NM 88501
District III
1635 S. Congress Ave. El Paso, NM 88501
District IV
1220 S. St. Francis Dr. Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

WELL APPLICANT
Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
26904
7. Lease Name or Unit Agreement
Name:
Western
8. Well No.
3
9. Pool name or Wildcat
Pecos Slope Abo

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
2. Name of Operator
Yates Petroleum Corporation
3. Address of Operator
105 South Fourth Street, Artesia, NM 88210 505-748-1471
4. Well Location
Unit Letter N : 660 feet from the S line and 1500 feet from the W line
Section 30 Township 6S Range 25E NMPM Chaves County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3827' 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Perforate and frac

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

02/24/01 Ran CBL - top of cmt @ 2600'. Perf Abo 3550', 52', 61', 62', 3614', 25', 3686-3702', 3732-51' w/ 1 SPF w/ 54 .38" holes.

03/01/01 Frac Abo perfs 3550-3751' w/ 145,700 gals 65 quality N2 foamed 35# gelled 7% KCL water w/ 313,000# mesh 16/30 Brady sand. Pumped 2000 gals 7 1/2% HCL ahead of pad. Avg rate 55 BPM @ 2450 psi. ISDP 1840 psi, 15 min 1611 psi.

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

SIGNATURE Donna Clack TITLE Operations Technician DATE 8-08-01

Type or print name Donna Clack Telephone No. 505-748-1471

(This space for State use) **ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY [Signature] TITLE _____ DATE AUG 12 2001

Conditions of approval, if any: