|  | _                                      |               | wice cl                               | י,ל                |                           |                        | 100  |  |
|--|--|---------------|---------------------------------------|--------------------|---------------------------|------------------------|------|--|
| State of New Wexten  |  |               |                                       | N. A. Tollin C-103 |                           |                        |      |  |
| Office District Energy, Minerals and Natural Resources   |  |               |                                       | s 177/             | Revised March 25, 1999    |                        |      |  |
| 1625 N. French Dr., Hobbs, NM 38240  |  |               |                                       | WELL F             | WELL API NO.              |                        |      |  |
| District II VII School Blind Annual SALSSTER OIL CONSERVATION DIVISION   |  |               |                                       | 30-005             | 30-005-63419              |                        |      |  |
| 814 South First, Artesia, NM 88210 OTL CONSERVATION DIVISION  Ristrict III 1220 South St. Francis Dr.                                  |  |               |                                       |                    | 5. Indicate Type of Lease |                        |      |  |
| 1000 Day Degree Dri Array NAA (7.1.1)  |  |               |                                       |                    | STATE X FEE.              |                        |      |  |
| District IV Santa Fe, NM 87505   |  |               |                                       |                    |                           |                        |      |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |               |                                       | 1                  | LG-0563                   |                        |      |  |
| SUNDRY NOTI  | CES AND REPORTS (                      | ON WELLS      | )                                     | 7. Lease           | Name or U                 | Unit Agreement Na      | ime: |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |  |               |                                       |                    |                           |                        |      |  |
| DIFFERENT RESERVOIR. USE "APPLIC   | CATION FOR PERMIT" (FO                 | RM C-101) FO  | DR SUCH                               | Smern              | off NL Sta                | ate                    |      |  |
| PROPOSALS.)  1. Type of Well:  |  |               |                                       |                    |                           |                        |      |  |
| Oil Well Gas Well X  | Other                                  | Likiti        |                                       |                    |                           |                        |      |  |
| 2. Name of Operator  | Other                                  | -             | <del>- 1</del>                        | 7. Wel             | ll No.                    |                        |      |  |
|  |  |               |                                       |                    | !                         |                        |      |  |
| Yates Petroleum Corporation  |  |               |                                       |                    | #6                        |                        |      |  |
| 3. Address of Operator   |  |               |                                       |                    | 8. Pool name or Wildcat   |                        |      |  |
| 105 S. 4th Street Artesia, NM 88210  |  |               |                                       | Ped                | Pecos Slope Abo           |                        |      |  |
|  | · C                                    | <del></del>   | * 7.                                  |                    |                           |                        |      |  |
| 4. Well Location   |  | <b>K</b>      |                                       |                    |                           |                        |      |  |
| 100  | 30 0 0 1 0                             |               | . 1100                                | 0 0 1              | W1                        | 1.                     |      |  |
| Unit Letter <u>L</u> : 198   | feet from the <u>30</u>                | outn line     | and 1190                              | _ feet from the    | <u>west</u>               | line                   |      |  |
| Section 2  | Township <b>5S</b>                     | Range         | 24E                                   | NMPM               | Chave                     | S County               |      |  |
| Section 2  | 10. Elevation (Show                    |               |                                       |                    | Cildve                    | county                 |      |  |
|  | 10. Elevation (Show                    | 3956          |                                       | n, eic.)           |                           |                        |      |  |
| 11 Charles   | namenista Dan ta I                     |               | <del> </del>                          | D                  | n Otle en D               | ato                    |      |  |
|  | ppropriate Box to I                    | naicate in    |                                       |                    |                           | <del>-</del>           |      |  |
| NOTICE OF IN   | TENTION TO:                            |               | 8                                     | SUBSEQUE           |                           |                        |      |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDO                        | N 🔲           | REMEDIAL V                            | VORK               |                           | ALTERING               | X    |  |
|  | <u> </u>                               |               |                                       |                    |                           | CASING                 |      |  |
| TEMPORARILY ABANDON  | CHANGE PLANS                           |               | COMMENCE                              | DRILLING OP        |                           | PLUG AND               |      |  |
|  |  |               |                                       |                    |                           | ABANDONMENT            |      |  |
| PULL OR ALTER CASING   | MULTIPLE<br>COMPLETION                 |               | CASING TES                            |                    |                           |                        |      |  |
|  | COMPLETION                             |               | CEMENT 30                             | 'D                 |                           |                        |      |  |
| OTHER:   |  |               | OTHER: Per                            | rforate acidize a  | and frac                  |                        | X    |  |
| 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 Multi                   | ple Comple    | tions: Attach v                       | wellbore diagra    | m of propo                | sed completion or      |      |  |
| recompilation.   |  |               |                                       |                    |                           |                        |      |  |
| 12/4/01 – Move in and rig up   | pulling unit. TIH with                 | n bit and s   | craper. Tag                           | PBTD at 4020       | O'.                       |                        |      |  |
| 12/5/01 - Run CBL. TOC 2880  |  |               | , ,                                   |                    |                           |                        |      |  |
| Perforate Abo 3556-3562', 35   |  | and 381       | 8-3834' with                          | 48 holes 42'       | ,                         |                        |      |  |
| 12/11/01 – Frac Abo perfs wit  |  |               |                                       |                    |                           | 50.000#.14/30          |      |  |
| Brady sand. Pumped 2000 ge   |  |               |                                       | I KCL Waler C      | Junying 2                 | 30,000# 10/30          |      |  |
| Flow back frac.  | ais 7.5% IC FICE GIRE                  | ad of fide    | •                                     |                    |                           |                        |      |  |
|  |  | -11-050       | 01 111                                |                    | C 40!                     |                        |      |  |
| 12/13/01 – TIH with 2-3/8" tub   |  |               |                                       | or tubing at 3     | 542.                      |                        |      |  |
| 12/14/01 – Release all equipr  | nent ana turn well to                  | o product     | ion.                                  |                    |                           |                        |      |  |
|  |  |               |                                       |                    |                           |                        |      |  |
| I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |               | 1                                     |                    | : _ A^                    |                        |      |  |
| I hereby certify that the information  |  | piete to the  | best of my kno                        | wiedge and bei     | ilei.                     |                        |      |  |
| SIGNATURE And 1  | /<br>( / /o                            | TE <b>F</b> : | agineering 1                          | Technician         | DATE D                    | ecember 20, 2          | נחחי |  |
| SIGNATURE AND TO   | 11.                                    | LLE           | igineening i                          | i ecimician        | _DATE_ <u>D</u>           | ecember 20, 2          | .001 |  |
| Type or print name \ Susan He  | rpin                                   |               |                                       | Т                  | elephone N                | No. <b>505-748-1</b> 4 | 171  |  |
| (This space for State  |  |               | · · · · · · · · · · · · · · · · · · · |                    |                           |                        |      |  |
| /AU L  |  |               |                                       |                    |                           |                        |      |  |
| APPPROVED BY / DISTE   | NAL SIGNED BY TIL                      | W. GIIM       |                                       |                    |                           | DEE ZXA                |      |  |
| Conditions of approval, if any:  | NAL SIGNED BY TIN<br>ICT II SUPERVISOR | W.GUM         |                                       |                    |                           | DEC 282                |      |  |