

OIL CONSERVATION DIVISION

P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

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FEB 07 1984

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-79

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SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PUMP BACK TO A DIFFERENT RESERVOIR. USE APPROPRIATE FORM FOR PRODUCE OR INJECTION WELLS OR SUCH PROPOSES.)

OIL ☐ GAS ☐ OTHER- ☒ Injection Well		4. Indicate Type of Lease State ☐ For ☒
Name of Operator Yates Petroleum Corporation ✓		7. Under Agreement Name Gissler AV
Address of Operator 207 South 4th St., Artesia, NM 88210		8. Field or Lease Name 9. Well No. 41
Location of Well T. 18N. R. 18E. S. 34 10. Field and Pool, or Wildcat Eagle Creek SA		
11. Elevation (Show whether DT, RT, GR, etc.) 3505' GR		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERIODIC REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ Production Casing, Perforate, Treat ☒
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13. 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.

TD 1500'. Ran 38 jts of 5-1/2" 17# J-55 casing set 1500'. Float shoe set 1500'. Cemented w/375 sacks Class "C" .6% CF-1, 5#/sacks salt, 2% AF-S. Compressive strength of cement - 950 psi in 12 hrs. PD 10:00 PM 12-18-83. Bumped plug to 1000# for 30 minutes, released pressure, float and casing held okay. Cement circulated 10 sacks. WOC 18 hrs. WIH and perforated 1316-1413 w/19 .50" holes as follows: 1316, 24, 30, 34, 38, 45, 58, 61, 65, 69, 75, 78, 83, 93, 97, 1402, 04, 07 and 13'. Acidized perforations w/2000 gallons 15% NEFE acid and 36 ball sealers. WIH w/41 jts of 2-3/8" J-55 plastic lined tubing and nickle plated packer with seating nipple set 1279' and packer set 1280'. Well completed - waiting for injection.

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

Signature: *Leslie A. Clements* TITLE: Production Supervisor DATE: 2-2-84
 Original Signed By: Leslie A. Clements
 Supervisor District II
 APPROVED BY: _____ TITLE: _____ DATE: FEB 10 1984
 CONDITIONS OF APPROVAL, IF ANY: