

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

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 S. 4th Street, Artesia, NM 88210

4. Well Location

Unit Letter	I	:	1980	feet from the	South	line and	660	feet from the	East	line
Section	12			Township	12S	Range	33E	NMPM	Lea	County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4217' GR

Pit or Below-grade Tank Application ☐ **or Closure** ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness:	mil	Below-Grade Tank: Volume	bbls:	Construction Material
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12. 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 COMPL	☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	P & A	☐
CASING/CEMENT JOB	☐		

OTHER: Completion Operations ☒

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

8-31-05 Perforated Morrow (6 JSPF) 12109-22' w/78 .42" holes. Acidized w/1000 gal 7-1/2% Morrow acid w/75 balls.

9-12-05 Frac Morrow w/ 20000 gal 40# Medallion 40Q foam w/20000# 20/40 Ultraprop.

2-7/8" tubing and packer @ 11837'



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Alan Davis TITLE Regulatory Compliance Technician DATE 10-3-05

Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM DATE 11/11/2009
Conditions of Approval (if any): _____