

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87504-2088

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		<b>WELL API NO.</b> 30-025-27125
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. VA-2112
3. Address of Operator 105 South 4th Str., Artesia, NM 88210		7. Lease Name or Unit Agreement Name Judson AUU State Com
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>26</u> Township <u>10S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4175.8' GR		9. Pool Name or Wildcat Wildcat Atoka

## 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: Recompletion ☐

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.

7-14-03 Set 4-1/2" CIBP @ 12050' and capped w/35' cement.

7-15-03 Perforated Atoka 11610-22' w/78 .42" holes. Acidized w/1000 gal 7-1/2% Murrel acid w/1000 SCF N2/bbl.

2-3/8" tubing @ 11550'

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

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 8/6/03

Type or print name Stormi Davis Telephone No. 505-748-1471

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 11 2003

Conditions of approval, if any:

