

RECEIVED

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD

WELL API NO.

30-025-38753

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

VO-5561

7. Lease Name or Unit Agreement Name

Waylon BMC State Com

8. Well Number

7

9. OGRID Number

025575

10. Pool name or Wildcat

Eight Mile Draw; Mississippian

## 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. 4<sup>th</sup> Street, Artesia, NM 88210

4. Well Location

Unit Letter D : 660 feet from the North line and 330 feet from the West line  
Section 22 Township 11S Range 34E NMPM Lea County

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

4155' 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 \_\_\_\_\_

## 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: Production Csg ☒

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.

6/26/08 Reached TD 12,320' @ 4:00 a.m.

6/29/08 Set 5-1/2" 17# N-80, J-55 &amp; HCP-110 csg @ 12,320'. Float collar @ 12,275'. Cemented w/1470 sx Super C + 4% CSE + 2% FL-25 + 6% FL-52 + 76.5% water + 6% LCM-1 + 2% R-21 + 3#/sx Sodium Chloride + 2% SMS (yld 1.63, wt 13.2).

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Allison Barton TITLE Regulatory Compliance Technician DATE 7/02/08Type or print name Allison Barton E-mail address: abarton@ypcnm.com Telephone No. (575) 748-4385

## For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUL 07 2008

Conditions of Approval (if any):