

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.

NM-03283

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lillie M. Yates Federal #2

9. API Well No.

30-041-00274

10. Field and Pool, or Exploratory Area

Allison Penn

11. County or Parish, State

Roosevelt County, NM

1. Type of Well

Oil

Gas

☒ Well ☐ Well ☐ Other

2. Name of Operator

Yates Drilling Company

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88201 (505-748-1471)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 632.3' FWL Section 31-8S-37E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well completion or Recompletion Report and Log Form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. TIH w/ bit and scrapper on tbg. to +/- 4500', TOH.
2. TIH w/ wireline, perforate @ +/- 4245', 2300', 395', TOH.
3. TIH w/ squeeze retainer #1, set @ +/- 4175', squeeze through retainer w/ 43 sacks of cement, dump 7 sacks on retainer, TOH.
4. TIH w/ squeeze retainer #2, set @ +/- 2280', squeeze through retainer w/ 43 sacks of cement, dump 7 sacks on retainer, TOH.
5. Pump down 4 1/2" casing, try to break circulation to surface, squeeze through perforation @ 395' w/ 40 sacks of cement, leave 10 sacks in 4-172" casing.
6. Spot 5 sack surface plug. Minimum 50'.
7. Erect regulation surface marker.
8. Remove equipment and clean location.

NOTE: Mud will be spotted between all cement plugs.

14. I hereby certify that the foregoing is true and correct

Signed

*John Rhodes*

Title

Petroleum Engineer

APPROVED

Date

3-21-95

(This space for Federal or State office use)

Approved by

Title

PETER W. CHESTER

Date

APR 4 1995

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Back

BUREAU OF LAND MANAGEMENT  
DESIGNATED RESOURCE AREA

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
100 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Yates Drilling Company</b>	Well API No.
Address <b>105 South 4th Street, Artesia, NM 88210</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 1/1/91
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lillie M. Yates Federal</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Allison Penn</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-03283</b>
Location Unit Letter <b>L</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>632.3</b> Feet From The <b>West</b> Line <b>Enron Energy Operating LP</b> 8S Range <b>37E</b> , NMPM, <b>Roosevelt</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Enron Oil Trading &amp; Transportation Co.</b> Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1188, Houston, TX 77251-1188</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>31</b>	Twp. <b>8S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>No</b>	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKII, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Karen J. Leishman**  
Signature  
**Karen J. Leishman** Production Clerk  
Printed Name  
**12-21-90** (505) 748-1471  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.