

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-8256

7. Unit Agreement Name

8. Farm or Lease Name
McAlester AAH State

9. Well No.
1

10. Field and Pool, or Wildcat
Tobac Penn

12. County
Chaves

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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator
Yates Petroleum Corporation

Address of Operator
207 South 4th St., Artesia, NM 88210

Location of Well
UNIT LETTER D 553.5 FEET FROM THE North LINE AND 561.3 FEET FROM
THE West LINE, SECTION 34 TOWNSHIP 8S RANGE 33E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4381' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Treat Well

7. 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.

Pulled rods and pump. Released tubing anchor, POOH. Ran tubing and packer. Set packer above perforations 9241-45' and 9250-54' and flanged up. Acidized perforations 9241-9254' w/5000 gallons West Pad A with scale corrosion inhibitors, 15000 gallons 72 Type 20 (30# gel) and 10000 gallons CO₂. Returned well to production. Work began 11-1-84. Completed 11-3-84.

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

SIGNED Eddie W. Seay TITLE Production Supervisor DATE 11-7-84
Eddie W. Seay
APPROVED BY Oil & Gas Inspector TITLE _____ DATE NOV 13 1984
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV -9 1984

O.C.D.
HOBBS OFFICE