

P.O. Box 1980, Hobbs NM 88240

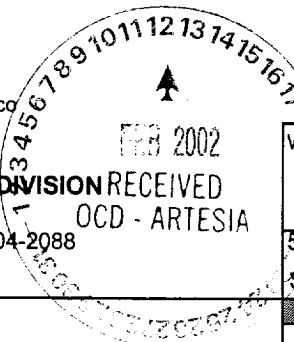
DISTRICT II

P.O. Drawer DD, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088



| | |
|--------------------------------------|--|
| WELL API NO. | 30-005-20474 |
| 5. Indicate Type of Lease | State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| | K-6795 |
| 7. Lease Name or Unit Agreement Name | LOVELADY ADN STATE |
| 8. Well No. | 1 |
| 9. Pool Name or Wildcat | SWD - SAN ANDRES |

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 ☐ GAS ☐ WELL ☒ OTHER **SWD**

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South 4th., Artesia, NM 88210

4. Well Location

Unit Letter **J** : **1980** Feet From The **South** Line and **1980** Feet From The **East** Line

Section **31** Township **8S** Range **33E** NMPM **CHAVES** COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4102' GR

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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

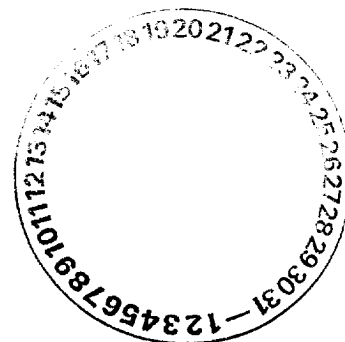
CASING TEST AND CEMENT JOB ☐

OTHER **PRESSURE TEST -- SWD WELL** ☐

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.

2-1-02- Rig up to run integrity test -found hole in X-over on top of packer.

2-2-02-- Cleaned out to PBTD @ 4370'; wash w/ 250 gal 15% HCL acid. Ran MIT, witnessed b Billy Pritchard - he took original chart back to OCD w/ him.



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

SIGNATURE Donna Clack TITLE Operations Technician DATE 2/8/02

TYPE OR PRINT NAME Donna Clack TELEPHONE NO 505-748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
DISTRICT REPRESENTATIVE II/STAFF MANAGER

FEB 22 2002

