Submit 3 Copies to Appropriate District Office

1. Type of Well: X

4. Well Location

2. Name of Operator

3. Address of Operator

Section 23

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

produced.

**TEMPORARILY ABANDON** 

PULL OR ALTER CASING

OTHER:

5-13-97

5-17-97

WELL

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I 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

Form C-103 Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-005-21147 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. V-4061 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Coachman State 8. Well No. Yates Drilling Company #1 9. Pool name or Wildcat 105 South 4th Street, Artesia, NM 88210 SE Chaves QN Gas Area Assoc. : 660 Feet From The North 660 East Line and Feet From The Line Township 12S 31E Range Chaves **NMPM** Counts 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4421 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Frac. Well 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed RUPU and pulled 100 jts. 2 3/8" tbg. Flanged up frac valve. Hydraulic fractured well with 495 bbls. of Spectra Frac G-2500 and 32,600 # 16/30, 8520 # 12/20 sand. Treating pressures, min. 1783 #, max. 2040#, avg. 1892#. ISIP 1730# at 1204 BPM. Installed 2" adj. choke. Pressure on casing at 5:00 am, 800#. Flowed well back. Well died in 4 1/2 hrs., with total of 55 bbls. frac water

MAY 28 1997

I hereby certify that the information should be true and asset to the delication of the same and asset to the		
I hereby certify that the information above is true and complete to the best of my is	mowledge and belief	DATE 5-21-97
TYPE OR PRINT NAME		· TELEPHONE NO.
(This space for State Use)		MAY 2.8 1007

CONDITIONS OF AFPROVAL, IF ANY:

Faul\_Inutz Calorist