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State of New Mexico

Form C-103

inerals and Natural Resources Department Revised 1-1-89 Energ to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-26442 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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.) Type of Well: Barbee LL WELL X WELL OTHER 8. Well No. 2. Name of Operator YATES PETROLEUM CORPORATION 9. Pool name or Wildcat 3. Address of Operator Austin Mississippi 105 South 4th St., Artesia, NM 4. Well Location 1980 East . 1980 Feet From The North Line Feet From The Line and Lea County Range 36E **NMPM** Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3975.8' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Repair suspected tubing/casing leaks [X] OTHER: 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. CONTINUED FROM PREVIOUS PAGE: Set packer and test annulus to 500 psi. 5. Swab test perforations 13360-13398' (Austin Lime) to evaluate gas productivity and damage from casing leak. If shows to be damaged, will acidize perforations 13360-13398' with approximately 5000 gallons 15% NEFE HCL acid containing 1000 scf/bbl N2 and ball sealers. Swab/flow test until well cleans up and place back into production.

K t All.	Dec 1	9-7-95
SIGNATURE -	meme	
TYPEOR PRINT NAME RUSLY KIEIN		[ELEPHANE NO. 3037710 1171
(This space for State Use)		
APPROVED BY	_ mu	DATE
CONDITIONS OF APPROVAL, IF ANY:		
TYPE OR PRINT NAME Rusty Klein (This space for State Use) APPROVED BY	mre Production Clerk	— DATE ————————————————————————————————————

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SEP 1: 1995 UCD HOBBE OFFICE