

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
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| SANTA FE               |  |
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| LAND OFFICE            |  |
| OPERATOR               |  |

|   |                              |
|---|------------------------------|
| 3a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 3. State Oil & Gas Lease No.              |                              |
| LG 813                                    |                              |

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
Yates Petroleum Corporation

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

4. Location of Well  
SIT LETTER J 2080 FEET FROM THE South LINE AND 2080 FEET FROM

East LINE, SECTION 28 TOWNSHIP 14S RANGE 32E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)  
4323' GR

7. Unit Agreement Name

8. Farm or Lease Name  
Tulk VV State

9. Well No.  
2

10. Field and Pool, or Wildcat  
Tulk Penn

12. County  
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

11. REMEDIAL WORK ☐  
DRAPIRY ABANDON ☐  
OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPMS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

13. PERFORATE, TREAT ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Propose to perforate Wolfcamp interval 9405-09' w/3 SPF (12 holes). Run tubing, packer, RBP. Set RBP at 9500' and pressure test.

Spot acid on perfs and treat with 2000 gallons 15% acid.

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

*[Signature]*

TITLE Production Supervisor

DATE 7-5-85

ORIGINAL FILED IN COPY SIXTON

JUL - 8 1985

VERIFIED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]

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JUL - 8 1985

OFFICE  
HONORARY OFFICER