

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-30853

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
K-6231

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.)

7. Lease Name or Unit Agreement Name

Red Dog AKA State

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
1

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

9. Pool name or Wildcat
Saunders Permo Upper Penn

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line
Section 2 Township 14S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.,
4192' 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: Perforate, Treat ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Present perforations: 9754-9829' (12 holes); 9916-9924' (4 holes); 10011-10014' (3 holes).
Propose to perforate as follows: 9874, 75, 86, 87, 88, 9947, 48 and 9949' (8 holes-1 SPF).
Acidize in stages w/2000 gals 15% NEFE acid + ball sealers.
Will evaluate swab results and test well.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 11-27-91
TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS FOR REVIEW, IF ANY: