DISTRICT III

1. Type of Well:

2. Name of Operator

3. Address of Operator

4 Well Location

Unit Letter

Section

11.

OTHER

OIL

WELL

DISTRICT P.O. Box 1980, Hobbs NM 88240 DISTRICT II P.O. Drawer DD, Artesia NM 88210

GAS

State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 30-025-35327 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease State X 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 . Lease Name or Unit Agre DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) WELL X OTHER North Papalotes State Unit 8 Well No. Yates Petroleum Corporation 9. Pool Name or Wildcat 105 South 4th., Artesia, NM 88210 Wildcat Mississippian 990 660 Feet From The North Line and Feet From The East Line 34E Township 14S **NMPM** Lea COUNTY 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4064' 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 SEE RULE 1103.

12. Describe Proposed or Completed Operations (Clearly state all pertient details, and give pertinenet dates, including estimated date of starting any proposed work)

6-13-01 Clean location: install & test anchors. MIRU PU

6-14-01 Tag PBTD @ 12.972'. Pickle thg w/1250 gals 15% IC acid.

Shut in well in.

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

6-15-01-run BG/CBL/CCL from 13970' (logger TD) up to 9100:

6-16-01-TIH with TCP installation to perf Morrow B476-12487 with 6JSFP. ND BOP, NU tree. Set packer and flange up. 6-19-01-Drop tube & open vent assembly. Dropped bar & fired guns to perforate Morrow 13478-87. Gas to surface 3 min. Flowed on 24/64" I hour 3500 poi=11.9 MMCFD. SI well cleaned up. 30 min. SITP 4800 psi. 3 hrs 4850 psi. RD turned to production.



|                                 | ormation above a true and complete to the best of |  | f. TITLE | Operations Te       | chician     | DATE      | 10/25/01        |
|---------------------------------|---|--|----------|---------------------|-------------|-----------|-----------------|
| TYPE OR PRINT NAME              | Donna Clack                                       | ······································ |          |                     | <del></del> | TELEPHONE | NO 505-748-1471 |
| This space for State Use)       |   | <del></del>                            |          | <del>(NFD 5</del> ) | <del></del> |           |                 |
| APPROVED BY                     |   | TITLE                                  |          |                     | DATE        | 1         |                 |
| CONDITIONS OF APPROVAL, IF ANY: |   |  | THE      | <u> </u>            |             |           |                 |