

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

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

WELL API NO. 30-025-35422
5. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
7. Lease Name or Unit Agreement Name Morton Unit
8. Well No. 3
9. Pool Name or Wildcat Morton Mississippian

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

2. Name of Operator
YATES PETROLEUM CORPORATION

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

4. Well Location
Unit Letter **P** : **800** Feet From The **South** Line and **660** Feet From The **East** Line

Section **32** Township **14S** Range **35E** NMPM Lea COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4176' 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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER Drill ☐

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.

3-26-2001 - Drilled 5' of new hole (12-1/4"). TD 40'. Shut down. Notified Sylvia Dickey w/OCD - Hobbs via voice mail.

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

SIGNATURE Donna Clack

TITLE Operations Technician

DATE 5-Nov-01

TYPE OR PRINT NAME Donna Clack

TELEPHONE NO. 505-748-1471

(This space for State Use)

APPROVED BY _____

TITLE SECRETARY

DATE _____

CONDITIONS OF APPROVAL, IF ANY: