

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Section I
x 1980, Hobbs NM 88240

Section II
Lower DD, Artesia NM 88210

Section III
3 Brazos Rd., Aztec NM 87410

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:
☐ GAS
☒ WELL ☒ OTHER

2. Name of Operator
YATES PETROLEUM CORPORATION

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

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

5. Township **32** Range **14S** NMPM Lea COUNTY

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

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

7. REMEDIAL WORK	<input type="checkbox"/>	8. PLUG AND ABANDON	<input type="checkbox"/>
9. PARTIALLY ABANDON	<input type="checkbox"/>	10. CHANGE PLANS	<input type="checkbox"/>
11. ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

12. REMEDIAL WORK	<input type="checkbox"/>	13. ALTERING CASING	<input type="checkbox"/>
14. COMMENCE DRILLING OPNS.	<input type="checkbox"/>	15. PLUG AND ABANDONMENT	<input type="checkbox"/>
16. CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
17. OTHER	<input type="checkbox"/>	Drill	<input type="checkbox"/>

18. 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.

2001 - Drilled 5' of new hole (12-1/4"). TD 35'. Shut down. Notified Sylvia Dickey w/OCD - Hobbs via voice mail.

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

SIGNED BY *Donna Clack*

TITLE Operations Technician

DATE 5-Nov-01

PRINT NAME Donna Clack

TELEPHONE NO. 505-748-1471

19. (Use for State Use)

20. REVIEWED BY _____

TITLE _____

DATE _____

21. REASONS OF APPROVAL, IF ANY

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