

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.

30-025-29851

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-3345

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
WELL ☐

GAS
WELL ☐

OTHER Convert to Injection

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South 4th St., Artesia, NM 88210

7. Lease Name or Unit Agreement Name

Sanmal Queen Unit

8. Well No.

3

9. Pool name or Wildcat

Sanmal Queen

4. Well Location

Unit Letter K : 1900 Feet From The South Line and 2310 Feet From The West Line

Section 1

Township 17S

Range 33E

NMPM

Lea

County

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

4145' 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: Convert to Injection ☒

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.

Propose to convert to an injection well as follows:

1. POOH with rods, pump and tubing.
2. RIH with bit and scraper.
3. RIH with 2-7/8" plastic coated tubing and 5-1/2" nickel plated packer. Set packer at 3645'±. Pressure test casing.
4. Acidize perforations 3745-3762' with 1500 gallons 7-1/2% HCL acid and ball sealers.
5. Well is ready for injection into Queen formation.

NOTE: NOTIFY OCD-HOBBS (505-393-6161) 24 HOURS PRIOR TO INSTALLATION OF INJECTION EQUIPMENT AND MECHANICAL INTEGRITY TEST FOR WITNESSING

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

SIGNATURE

Rusty Klein

TITLE

Production Clerk

DATE June 16, 1995

TYPE OR PRINT NAME

Rusty Klein

TELEPHONE NO. 505/748-1471

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY

TITLE

DATE

JUN 21 1995

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

1995

RECEIVED

2001 10 11