

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.

30-025-29997

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1671

7. Lease Name or Unit Agreement Name

Sanmal Queen Unit

8. Well No.

10

9. Pool name or Wildcat

Sanmal Queen

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 Injector

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South Fourth Street - Artesia, NM 88210

4. Well Location

Unit Letter C : 530 Feet From The North Line and 1750 Feet From The West Line

Section 12

Township 17S

Range 33E

NMPM

Lea

County

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

4146.5' 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: Remove RBP, squeeze San Andres perfs, ☒
Plug back, perf, acidize & convert to injector

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 remove RBP, squeeze San Andres perforations, plug back, perforate, acidize and convert to injector as follows:

1. TOOH with rods and pump.
2. Install BOP.
3. Retrieve RBP set at 3796' and TOOH.
4. Cement squeeze San Andres perforations 4585-4588' and 4591-4595' and plug back to the Queen by setting a CIBP at 3850'. NOTE: Before doing squeeze and plug back procedure, notify OCD (393-6161).
5. Perforate Queen formation 3773-3782' with 4 SPF with a 4" casing gun.
6. RIH w/retrievable packer and set at 3700'. Acidize perforations 3766-3782' with 1000 - gallons 15% NEFE acid with ball sealers.
7. POOH with packer and tubing string.

CONTINUED

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

SIGNATURE

TITLE

Production Clerk

DATE 6-29-94

TYPE OR PRINT NAME

Rusty Klein

505-748-1471
TELEPHONE NO.

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUL 01 1994

TITLE

DATE

(This space for State Use)

APPROVED BY

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

WELL API NO. 30-025-29997
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1671
7. Lease Name or Unit Agreement Name Sanmal Queen Unit
8. Well No. 10
9. Pool name or Wildcat Sanmal Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4146.5' GR

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Section 12 Township 17S Range 33E NMPM Lea County

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 injector ☒

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.

CONTINUED FROM PREVIOUS PAGE:

8. TIH w/injection equipment consisting of 2-7/8" plastic coated tubing and 7" nickel coated packer. Circulate 2% KCL treated with corrosion inhibitor for packer fluid and set packer at 3700'. NOTE: Must be set within 100 feet of uppermost injection perforation as per OCD order. Test casing to 300 psi for 30 minutes or such pressure and/or time approved by Hobbs OCD supervisor. NOTE: NOTIFY OCD before pressure testing and running injection equipment so they can WITNESS job.
9. Install injection wellhead.

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
TYPE OR PRINT NAME Rusty Klein

DATE 6-29-94
505-748-1471
TELEPHONE NO.

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DISTRICT I SUPERVISOR

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