

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

WELL API NO. <b>30-025-33314</b>
5. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
7. Lease Name or Unit Agreement Name <b>Morton Unit</b>
8. Well No. <b>1</b>
9. Pool Name or Wildcat <b>Morton Atoka, North</b>

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 **B** : **770** Feet From The **North** Line and **2150** Feet From The **East** Line  
Section **5** Township **15S** Range **35E** NMPM **Lea** COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**4023' 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 **Frac Atoka Perforations** ☒

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.

**10-3-02** Set 2-7/8" CIBP in tubing @ 12800'. TIH w/2 shot tubing punch and punch holes in tubing @ 12799'.

**10-9-02** Frac Atoka 12916-33' via 3-1/2" tbg w/64000 gals 70Q binary w/46000# 20/40 bauxite.

**10-12-02** TIH w/5-1/2" AS-1 packer w/2.25" on/off tool to 12800'. Set packer.

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

SIGNATURE

Stormi Davis

TITLE **Regulatory Compliance Tech**

DATE **10/28/02**

TYPE OR PRINT NAME

**Stormi Davis**

TELEPHONE NO. **505-748-1471**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
GARY W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

**NOV - 1 2002**