

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.

30-025-34631

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

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

Shell Lusk ANB

8. Well No.

2

9. Pool name or Wildcat

Townsend Permian Upper Penn  
Big Dog Strawn, South

4. Well Location

Unit Letter E : 1950 Feet From The North Line and 350 Feet From The West Line

Section 11

Township 16S

Range 35E

NMPM

Lea

County

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

3990' 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: Acidize existing Cisco perforations ☒

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 acidize existing Cisco perforations 10890-10912' with approximately 4000 gallons of heated 15% HCL with 900 scf/bbl N2. NOTE: Strawn perforations 11371-11445' with be kept flowing during treatment of Cisco perforations. Will swab well in and return well to production.

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

SIGNATURE

*Rusty Klein*

TITLE

Operations Technician

DATE

Jan. 17, 2000

TYPE OR PRINT NAME

Rusty Klein

TELEPHONE NO. 505/748-1

(This space for State Use)

ORIGINAL FILED BY DISTRICT WILLIAMS  
DISTRICT RECORDS DIVISION

JAN 24 2000

APPROVED BY

*Chris Williams*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: