

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia NM 88210

1000 Rio Brazos Rd., Aztec NM 87410

WELL API NO.	
30-025-35842	
State <input checked="" type="checkbox"/>	FEE
7. Lease Name or Unit Agreement Name VA-5329	
New Grass State Unit	
8. Well No. 1	
9. Pool Name or Wildcat Wildcat 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:
OIL ☐ GAS ☐
WELL ☐ WELL ☒ OTHER ☐

2. Name of Operator
Yates Petroleum Corporation

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

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 22 Township 15S Range 34E NMPM Lea COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4074' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Production Casing</u> <input checked="" type="checkbox"/>	

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.

7-29-02 TD 8-3/4" hole. Ran 320 jts 5-1/2" 17# and 20# casing set @ 13846'. Cemented w/800 sx Interfill H w/additives. Tailed in w/870 sx Super H w/additives. TOC @ 7800' (CBL).

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 8/12/02
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
TERRY W. WINK
DISTRICT REPRESENTATIVE II/STAFF MANAGER

AUG 15 2002