

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. 30-025-31073
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-11
7. Lease Name or Unit Agreement Name Hour Glass State Unit
8. Well No. 1
9. Pool name or Wildcat Undes. Bone Springs

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.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER RECOMPLETION

Name of Operator
YATES PETROLEUM CORPORATION

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

Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 16 Township 18S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3919' GR

1. 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 ☐
DRILL OR ALTER CASING ☐
OTHER: Perforate, Treat Bone Spring Zone ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

2. 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.

Well presently completed in Wolfcamp perforations @ 10297-10320'. Propose to recomplate well in Lower Bone Spring Dolomite as follows:

- 1) POOH with sub pump.
- 2) Perforate Lower Bone Spring Dolomite 9946-50' (4 SPF-16 holes); and 9958-70' (4 SPF-48 holes).
- 3) TIH w/RBP and packer. Set RBP at $\pm 10100'$ and test. Set packer at 9900', swab test. Get oil sample and test compatibility w/15% NeFe acid and 20% NeFe.
- 4) If swab test warrants, acidize w/3000 gals with ball sealers.
- 5) Swab test and evaluate for pumping equipment.

Note: Verbal permission obtained from Evelyn Downs, NMOCD, Hobbs, NM, to begin work 4-16-93.

Recompletion will be filed if successful.

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

SIGNATURE Juanita Goodlett TITLE Production Supervisor DATE 4-16-93

TYPE OR PRINT NAME Juanita Goodlett TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 20 1993

CONDITIONS OF APPROVAL, IF ANY: