

Submit 3 copies
to Appropriate
District Office

Form C-103
Revised 1-1-89

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL APNO.	
30-025-28192	
State <input checked="" type="checkbox"/>	FEE
7. Lease Name or Unit Agreement Name	
Vacuum State	
8. Well No.	
2	
9. Pool Name or Wildcat	
Undes. Scharb Bone Springs	

SUNDY 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, Artesia, NM 88210

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
Section 10 Township 19S Range 35E NMPM Lea COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3879' 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 ☐

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.

9-25-02 Set 5-1/2" CIBP @ 9500'. Perf Bone Springs 9001-36' and 9040-51' (2 JSPF w/96 - .42 holes). Acidized w/2500 gals 15% IC HCl.

9-30-02 Perf Bone Springs 8610-44' and 8658-73' (2 JSPF w/102 - .42 holes). Acidized w/2500 gals 15% IC HCl.

10-7-02 Frac Bone Springs 8610-73' w/25000 gals 35# Borate w/39900# 20/40 Ottawa sand.

Note: 2-7/8" N80 tubing and 5-1/2" AS-1 packer @ 8400'.

Top of bone Spg 7684 per P. Kautz

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

ORIGINAL SIGNED BY

DATE

NOV - 1 2002

CONDITIONS OF APPROVAL, IF ANY:

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

R