

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088

WELL AP# NO.	
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	
Unders. Scharb 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.)

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 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 Perf Bone Springs/Possibly R/C to Delw ☒

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.

Yates Petroleum Corporation proposes to perforate the Bone Springs 9001-9036' and 9040-9051'.
If production is insufficient, will perforate the Bone Springs 8610-8644' and 8658-8673'.
If production is insufficient, will perforate the Bone Springs 8430-8465', 8474-8486', 8494-8502' and 8527-8551'.

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

9/25/02

TYPE OR PRINT NAME

Stormi Davis

TELEPHONE NO 505-748-1471

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY

DATE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER