

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. 30-025-31889
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-134
7. Lease Name or Unit Agreement Name Kiwi SWD
8. Well No. 8
9. Pool name or Wildcat Livingston Ridge Delaware, East

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	
2. Name of Operator YATES PETROLEUM CORPORATION	
3. Address of Operator 105 South 4th St., Artesia, NM 88210	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>22S</u> Range <u>32E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3746' 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: In response to bradenhead test ☒

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.

In response to your letter dated December 3, 1997 (a copy of which is enclosed):

There is no pressure on the casing side.

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 Dec. 8, 1997
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1471

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

DEC 10 1997



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

December 3, 1997

*yates Pet.
C-103*

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

393-6161

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Re: Kiwi SWD #8-F, Sec. 16, T22S, R32E

Gentlemen:

An Oil Conservation Division representative recently witnessed a bradenhead test on the above referenced salt water disposal well.

The well failed to demonstrate mechanical integrity, with the information available indicating a possible casing leak.

As required by the EPA, we request that you shut in this well until such time as repairs are made and approved.

We are enclosing a copy of the test sheet for your information.

We request 24 hours notice prior to repairs in order to witness the operation and the pressure test upon completion of repairs.

Very truly yours

OIL CONSERVATION DIVISION

Chris Williams

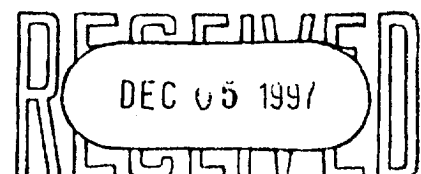
Chris Williams
Supervisor, District I

CW:bp

cc: Williams J. LeMay
File

Enclosure

*There is no pressure
on casing side -*



NEW MEXICO OIL CONSERVATION DIVISION
CASING--BRADENHEAD TEST

OPERATOR: YATES PETROLEUM CORP.

LEASE: KIWI SWD

POOL: DELAWARE

FOOTAGE 1980-N

FOOTAGE 2310-W

ORDER NO. SWD 510

SECTION

PRESS LMT

16

1048

TWN

TYPE LEASE S

DATE INJ. BEGAN

UNIT LTR F

22

WELL #

8 --

RANGE

32 E

TYPE WELL

S

09-Feb-95

TEST DATE 09-Nov-95

TEST TYPE BHT

PASS/FAIL BSO4

OPERATOR REP:

LEE RICHARDS

OCD REP: CHARLIE PERRIN

CASING SIZE

SET AT

TOP

CMT

CEMENTED

PRESSURE REMARKS

SURFACE 13 3/8

850

0

800SX

INTERM-1 8 5/8

4590

0

1800SX

> N.R.

INTERM-2 .

> .

PROD 5 1/2

8840 NDB

'1355SX

> .

LINER .

TSTM

BLOW

TUBING 2 7/8

6955 PKR

225 .

IF WELL IS ON VACUUM:

SI.

MIN.

TBG PRESS.

CSG: VACUUM .

, STATIC .

APPROX. HRS/DAY WELL .

REMARKS: PERFS 5240-8710-PER ORDER

SNC NO

REPAIR LETTER DATE .

DATE REPAIR .

TEST DATE 21-Nov-96

TEST TYPE BHT

PASS/FAIL BSO4

OPERATOR REP:

LEE

OCD REP: TURNACLIFF

CASING SIZE

SET AT

TOP

CMT

CEMENTED

PRESSURE REMARKS

SURFACE 13 3/8

850

0

800SX

INTERM-1 8 5/8

4590

0

1800SX

> N.R.

INTERM-2 .

> N.R.

PROD 5 1/2

8840 NDB

'1355SX

> .

LINER .

0 .

TUBING 2 7/8

6955 PKR

650 .

IF WELL IS ON VACUUM:

SI.

MIN.,

TBG PRESS.

CSG: VACUUM .

, STATIC .

APPROX. HRS/DAY WELL 24 HRS A

REMARKS: .

SNC NO

REPAIR LETTER DATE .

DATE REPAIR .

TEST DATE 12-1-97

TEST TYPE J-H

PASS/FAIL

OPERATOR REP: Joe

OCD REP:

CASING SIZE

SET AT

TOP

CMT

CEMENTED

PRESSURE REMARKS

SURFACE 13 3/8

850

0

800SX

INTERM-1 8 5/8

4590

0

1800SX

> .

INTERM-2 .

> .

PROD 5 1/2

8840 NDB

'1355SX

> 580

LINER .

> 700

TUBING 2 7/8

6955 PKR

IF WELL IS ON VACUUM:

SI

MIN.

TBG PRESS

CSG: VACUUM

STATIC

APPROX. HRS/DAY WELL

USED

REMARKS:

SNC

REPAIR LETTER DATE

DATE REPAIRED