

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**TRICT I**  
O. Box 1980, Hobbs, NM 88240

**TRICT II**  
O. Drawer DD, Artesia, NM 88210

**TRICT III**  
000 Rio Brazos Rd., Aztec, NM 87410

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 SWD 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.)

Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CONVERT TO SWD
2. Name of Operator YATES PETROLEUM CORPORATION
3. Address of Operator 105 South Fourth Street - Artesia, NM 88210
4. Well Location Unit Letter F : 1980 Feet From The North Line and 2310 Feet From The West Line Section 16 Township 22S Range 32E 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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Packer leakage test <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.

Please see attached chart for packer leakage test conducted on November 20, 1994. NOTE:  
OCD - Hobbs notified but did not witness.

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

SIGNATURE Rusty Klein

TYPE OR PRINT NAME Rusty Klein

TITLE Production Clerk

DATE 11-22-94

505-748-1471  
TELEPHONE NO.

(This space for State Use)

OFFICIAL RECORD BY THE CLERK  
RECEIVED

APPROVED BY

TITLE

DATE

NOV 28 1994

**RECEIVED**

NOV 23 1994

OCD HOBBY  
OFFICE

433 11 11

