|  | State of New Mexico  | Revised 1-1-89   |
|--|--|--|
| to Appropriate   | Energy, Marals and Natural Resources Department  | Revised 1100   |
| District Office  | OIL CONSERVATION DIVISION  | WELL API NO.   |
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240               | P.O. Box 2088  | 30-025-31889   |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210           | Santa Fe, New Mexico 87504-2088  | 5. Indicate Type of Lease<br>STATE XX FEE                      |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410       | · · ·  | 6. State Oil & Gas Lease No.<br>VB-134                         |
|  |  |  |
| ( DO NOT USE THIS FORM FOR PE<br>DIFFERENT RESI<br>(FORM   | TICES AND REPORTS ON WELLS<br>ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>ERVOIR. USE "APPLICATION FOR PERMIT"<br>C-101) FOR SUCH PROPOSALS.)                      | 7. Lease Name or Unit Agreement Name                           |
| 1. Type of Well:<br>OL GAS                                 |  | Kiwi AKX State SWD   |
| WELL WELL  | OTHER CONVERT TO SWD   | 8. Well No.  |
| 2. Name of Operator<br>YATES PETROLEUM CORP                | ORATION  | 8  |
| 3. Address of Operator                                     |  | 9. Pool name or Wildcat<br>Livingston Ridge Delaware East      |
|  | eet - Artesia, NM 88210  | Livingston Ridge berawart                                      |
| 4. Well Location   | 80 Feet From The North Line and 23   | B10 Feet From The West Line                                    |
| Unit Letter $\underline{F}$ : $\underline{19}$             | Feet From the table and  |  |
| Section 16   | Township 22S Range 32E   | NMPM Lea County  |
|  | 10. Elevation (Show whether DF, RKB, RI, GR, etc.)   |  |
| X/////////////////////////////////////                     | 3746' GR   | Peport or Other Data   |
|  | k Appropriate Box to Indicate Nature of Notice,  | JBSEQUENT REPORT OF:   |
| NOTICE OF I  | NTENTION TO: SU  |  |
|  | PLUG AND ABANDON REMEDIAL WORK   |  |
|  | CHANGE PLANS   |  |
| PULL OR ALTER CASING                                       | CASING TEST AND  |  |
| OTHER: Convert to SWD                                      | X OTHER:   |  |
| 12. Describe Proposed or Completed O                       | perations (Cleariy state all pertinent details, and give pertinent dates, i  | ncluding estimated date of starting any proposed               |
| work) SEE RULE 1103.<br>NMOCD Order No.: SWD               |  |  |
| NMUCD Urder No.: Swb                                       | .11 to a Delaware Sand SWD in original co  | ompletion interval 8443-8710' as                               |
| Propose to convert we<br>follow <b>s:</b>                  | II to a belaware sand swb in originar ex   |  |
| 2. TIH w/following i                                       | pple up BOP. TOOH with all downhole equinipation equipment and tubing: 5-1/2" a<br>cernally plastic coated injection tubing  | to surface. NOTE: Notify                                       |
| 3. With packer at 83<br>corrosion inhibit                  | -6161) 24 hours in advance to witness ca<br>350', reverse circulate annulus with 130<br>cor, biocide and oxygen scavenger. Set<br>1 position or compression and test annul | packer at 8350' with tubing -<br>us to 500# for 30 minutes. If |
| everything tests,<br>4. Plumb well for SW<br>SWD disposal. | , nipple down BOP and nipple up injection<br>ND service. Pump a load of produced wat   | n weitheau equipment.  |
| I hereby certify that the information above                | is true and complete to the best of my knowledge and belief.   | on Clerk pate9-22-94   |
| SIGNATURE Kustup   | Kfein me Productio   | 505-748-1471   |
| TYPE OR PRINT NAME RUSTY KIE                               | ein  | TELEPHONE NO.  |
| (This space for State Use) (14/10/11                       |  |  |
|  | LINCTISENENTERATON   |  |
| APTROVED BY  | πηε  | Dote <del>1 2 1 1994</del>                                     |
|  |  |  |



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