

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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. 30-025-33354
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3652
7. Lease Name or Unit Agreement Name April APZ State
8. Well No. 1
9. Pool name or Wildcat Diamondtail Delaware <i>Bone Spring</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3729' GR

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator YATES PETROLEUM CORPORATION
3. Address of Operator 105 South 4th St., Artesia, NM 88210
4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>23S</u> Range <u>32E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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: Perforate & frac <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.

9-17-96 - Moved in and rigged up pulling unit. TOOH with rods and pump. Nippled up BOP and tested. TOOH with tubing, anchor, perforated sub and mud anchor. TIH with RBP and tubing. Set RBP at 9180' and tested to 2000#. TOOH with tubing.  
9-18-96 - Rigged up wireline. TIH with 4" casing guns and perforated 9018-9046' w/30 .42" holes (1 SPF). TOOH with 4" casing guns and rigged down wireline. Nippled down BOP and nippled up frac valve. Shut well in.  
9-19-96 - Frac'd perforations 9018-9046' (Bone Springs) with 90000 gallons 30# borate delayed crosslink gel, 214000# 20-40 white sand and 36000# Super DC sand with activator. Shut well in overnight.  
9-20-96 - Opened well up and flowed well down. Nippled down frac valve. Nippled up BOP. TIH with tubing and retrieving tool. Tagged sand at 9080'. Washed sand down to RBP at 9180'. Circulated well clean. Released RBP and moved down hole to 9372'. Seating nipple set at 8900'. Nippled down BOP. Nippled up wellhead. TIH with rods. TOOH with rods. Began swabbing.

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 Sept. 27, 1996  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-114

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 02 1996  
CONDITIONS OF APPROVAL, IF ANY:

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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: Perforate & frac ☒

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.

9-21-96 - Swabbing.

9-22-96 - Continue to swab.

9-23-96 - Swabbed. Shut well in overnight.

9-24-96 - Opened well up and flowed well down. Swabbed. Loaded tubing with 2% KCL.

TOOH with tubing and seating nipple. Released well to production department.

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 Sept. 27, 1996  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1

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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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