## **ED STATES** UN DEPARTMENT OF THE INTERIOR COther in verse side)

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON'

CHANGE PLANS

SUBMIT IN TRIP instructions

WATER SHUT-OFF

FRACTURE TREATMENT

Form approved. Budget Bureau No. 42 R1424. THE 5. LEASE DESIGNATION AND SELIAL NO.

REPAIRING WELL

ALTERING CASING

o to no applicable Make requirements,

NM 14118	
AMA	

Perf. Abo Formation

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	NM 14118		
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—" for such proposals.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS OTH	ER	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Yates Petroleum	Corporation V	8. FARM OR LEASE NAME Allison Fed4 "CQ"	
3. ADDRESS OF OPERATOR	treet - Artesia, NM 88210	9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 * FSL & 660 * FEL of Sec. 22-195-24E		10. FIELD AND POOL, OR WILDCAT  Undesignated 7/.  11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA  Sec. 22-19S-24E  Unit P NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3659 GR - 3674 KB	12. COUNTY OF PARISH 13. STATE Eddy NM	
16. Check	Appropriate Box To Indicate Nature of Notice Report of	or Other Data	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 9200'; COTD 8900'. Set packer at 5021' and perforated the Abo formation w/.24" jets, 2 shots/ft 5060-70 (20 holes), 5075-80 (10 holes) & Acidized w/2% KCL water, 1000 gallons 15% DS-30. 700# patossium chlorine 3 gallons AC-2 w/25 ball sealers. Waiting on pumping unit

## RECEIVED

MAR 1 2 1974

(This space for Federal or State office use)  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATES	Constitution of the consti
18. I hereby certify that the foregoing is/true and correct SIGNED	Enginee	er DATE	₹ <b>3-11-74</b>
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MAF	R 1 2 1974	AR 11 1974 Substitution	apanera apanera september or appin

\*See Instructions on Reverse Side