

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)  
RECEIVED  
JUL 23 8 22 AM '90

RM Roswell District  
Modified Form No.  
NM60-3160-4

c/sf

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. ARN Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 81929	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Surface: 2250' FNL & 1160' FWL Proposed producing zone: 1815' FSL & 2145' FEL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-26354		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3296' GR		8. FARM OR LEASE NAME Gazelle AHG Federal Com		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Wildcat Strawn		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 15-T20S-R29E	
				12. COUNTY OR PARISH Eddy		13. STATE nm	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Perforate & Treat	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)

AMENDED REPORT.

- 6-20-90. Drilled out DV tool at 9028'. Circulated clean.
- 6-22-90. Perforated 12346-12354' (4 SPF). Acidized perforations 12346-12354' w/1500 g. 7½% Morflo acid + N<sub>2</sub> and ball sealers. Swabbed well.
- 6-27-90. Set cement retainer 12300'. Left stinger in retainer. Pressure tested casing to 3000 psi, OK. Used retainer as a CIBP. Dumped 15' cement plug at 12300'.
- 6-28-90. Perforated 12164-12173' w/20 - .40" holes (2 JSPF). Acidized perforations 12164-12173' w/1500 g. 7½% Morflo acid w/1000 SCF N<sub>2</sub>/bbl. Swabbed well.
- 7-4-90. Perforated 11111-11189' w/15 - .40" holes as follows: 11111, 112, 115, 116, 117, 163, 164, 169, 170, 171, 178, 179, 180, 188 and 11189'. Acidized perforations 11163-189' (10 holes) w/2000 g. 15% NEFE acid.
- 7-7-90. Acidized perforations 11111-11117' (5 holes) w/2000 g. 15% NEFE acid.
- 7-11-90. Swabbed well. Show of gas on swab.
- 7-12-90. Perforated 11031-11054' w/34 - .40" holes as follows: 11031, 032, 034, 036, 039, 040, 041, 042, 044, 046, 047, 048, 049, 050, 051, 052 and 11054' (2 SPF).
- 7-13-90. Acidized perforations 11031-11054' w/2500 g. 15% NEFE acid.
- 7-18-90. Re-perforated 11031-11054' w/17 - .40" holes (1 SPF) as follows: 11031, 032, 034, 036, 039, 040, 041, 042, 044, 046, 047, 048, 049, 050, 051, 052, and 10154'.
- 7-19-90. Acidized perforations 11031-11054' w/20000 g. 20% NEFE acid with 1000 SCF/bbl N<sub>2</sub>. RBP set 11090'; Packer set 10940'.

AMENDED REPORT TO SHOW ALL PERFORATIONS.

18. I hereby certify that the foregoing is true and correct

SIGNATURE *[Signature]*

TITLE Production Supervisor

DATE 7-20-90

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side