

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

C/S F

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		NM OIL CONS. COMMISSION Drawer DD Artesia, NM 88210		5. LEASE IDENTIFICATION AND SERIAL NO. <b>RECEIVED BY</b> NM 31649	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME APR 29 1985	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210				7. UNIT ADDRESS NAME ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 560 FSL & 660 FEL, Sec. 8-T26S-R30E				8. FARM OR LEASE NAME Melson ZS Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Unders. Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 8-T26S-R30E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3073' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate, Treat</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

4-4-85. TD 7400'. Squeezed perforations 6315-26' w/75 sacks Class "C" and .6% CF-1 to 800#. Reversed out 5 sacks.

4-8-85. Drilled out cement squeeze, tested to 1500#, OK.

4-9-85. Sand jet 2 holes at 6322'.

4-10-85. Acidized perforations 6322' w/1000 gals 7½% Spearhead acid w/2% Hydro-floric.

4-16-85. Sand frac'd (via 2-7/8" tubing) perforations 6322' w/20000 gallons Mini Max III-30 + 28000# (5000# 20/40 + 23000# 12/20) sand + 400# block + 1000 gals acid, procedure as follows: 5000 gals Pad, 2500 gals (2 ppg 20/40), 400# benzoic acid flaked block, followed by 1000 gals Pad, 1000 gals 7½% Spearhead acid, 1500 gals Pad, 10000 gals 12/20 sand, 40 bbl flush.

4-17-85. Swabbing and recovering load.

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

SIGNED Quanta Rodlett TITLE Production Supervisor DATE 4-18-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 22 1985

\*See Instructions on Reverse Side