

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029489-4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Steve Sell

3. ADDRESS OF OPERATOR
P. O. Box 5061, Midland, Texas 79704

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL
1980' FEL

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
N/A

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Corbin Federal

9. WELL NO.
4

10. FIELD AND POOL OR WILDCAT
Corbin Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T18S-R33E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☒ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.)*

Workover - Perforate Yates - 3435-60/3468-88'.
Stimulate perforations w/750 gallons 15% Acid
& Frac w/15,000 gallons 30# X/L Gel & 37,000 lbs.
20/40 Sand. Clean out sand fill & return to production.

RECEIVED

OCT 27 11 47 AM '87

CARROLL COUNTY OFFICE
AREA HEADQUARTERS

4001 F. C. T. 100

STIS

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

SIGNED 

TITLE Production Foreman

DATE 10/26/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side