

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
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(Other instructions on re-
verse side)

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

CLSF

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 81929
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 563' FSL & 2125' FEL (NM-15881) Sec. 11-T20S-R29E		8. FARM OR LEASE NAME Zia ZS Federal Com
Producing Zone: 2480' FNL & 1980' FEL (NM-81929) 14-20S-29E		9. WELL NO. 1
14. PERMIT NO. 30-015-26262		10. FIELD AND POOL, OR WILDCAT Undesignated Morrow/Strawn
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3295' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 14-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"/>		

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 Strawn	<input checked="" 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.)

4-7-90. Set Guiberson Uni VI packer w/profile w/on/off tool at 12135'. Swabbed well.
4-10-90. Set standing valve in packer at 12135'. Perforated 10 .42" holes 11282-11290' (2 SPF) as follows: 11282, 284, 286, 288, 11290'. TIH w/tubing and packer and RBP.
Set and tested RBP. Set packer at 11200'. Acidized perforations (10 holes) w/1500 gals 15% NEFE acid and ball sealers.
4-13-90. Reacidized perfs 11282-290' w/10000 gals 15% NEFE and ball sealers.
4-18-90. Moved RBP to 12200' and tested to 3000 psi, OK. TOH w/tubing and packer.
4-19-90. WIH and perforated 36 .40" holes 11127-11166' (2 SPF) as follows: 11127, 128, 129, 130, 131, 136, 138, 140, 152, 155, 156, 157, 159, 161, 163, 165, and 166'. Set packer at 11050' and tested backside to 1000 psi, OK.

ACCEPTED FOR RECORD

APR 24 1990

CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 4-20-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side