

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-25473

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Savage "NI" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30-6S-26E

Unit G NMPM

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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"/>		JUN 27 1980	
2. NAME OF OPERATOR Yates Petroleum Corporation		O. C. D.	
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 1650' FEL of Section 30-6S-26E			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' GR		

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 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) <input 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.)*

TD 1100' - WIH w/Steel Strip gun on wireline and perforated 1005-1010' w/10 .50" holes (2 spf). POOH. WIH w/packer on 2-3/8" tubing, set packer at 958' and acidized perforations with 2000 gallons 15% Speahead acid. Installed pumping equipment. POH w/packer before installing pumping equipment.

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

SIGNED

Christie Tomlinson

TITLE

Geol. Secty.

DATE

6-23-80

(This space for Federal or State office use)

APPROVED BY

Peter W. Chester

TITLE

ACTING DISTRICT ENGINEER

DATE

JUN 25 1980

CONDITIONS OF APPROVAL, IF ANY: