NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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.)

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O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM 17214

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: YATES PETROLEUM CORPORATION

3a. Office & Phone No.: 748-1471

8. FARM OR LEASE NAME: Long Arroyo OW Federal

3. ADDRESS OF OPERATOR: 105 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: 2310' FSL & 1830' FWL, Sec. 23-14S-27E

10. FIELD AND POOL, OR WILDCAT: Springer Basin Atoka-Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit K, Sec. 23-T14S-R27E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
30-005-60872	3505' GR	Chaves	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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	X	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other) Test for casing leak, treat	X			(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.)*

Propose to POOH w/tubing and tools.
TIH w/new packer, hydrotesting tubing in hole.
Load backside w/2% KCL, test backside. If casing leak is indicated, set plug in profile nipple, sting out of packer, TOOH, TIH w/RBP and packer and look for casing leak. Evaluate for cement squeeze. If no casing leak found, swab down and acidize existing perforations 7926-7943' w/3000 - 5000 gal Morrow acid with 1000± SCF N2 per bbl with 50 balls sealers. Flush w/2% KCL water + N2. Flow back and evaluate to turn back to production.

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
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ROSWELL, NEW MEXICO

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

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 1-31-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
FEB - 8 1991
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side