

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED

OFFICE FOR NM

OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District

Modified Form No.

NM60-3160-4

3. LEASE DESIGNATION AND SERIAL NO.

NM 17214

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Long Arroyo OW Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Springer Basin Atoka-Morrow

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

Unit K, Sec. 23-T14S-R27E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

FEB 12 1991

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

10000 Ave & Phone No.
ARTESIA 708-171

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

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

14. PERMIT NO.

30-005-60872

15. ELEVATIONS (Show whether OF, AT, GR, etc.)

3505' 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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Test for casing leak, treat

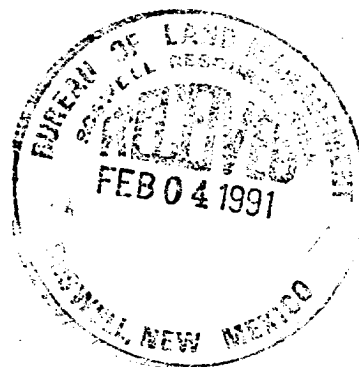
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.



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

SIGNED

TITLE Production Supervisor

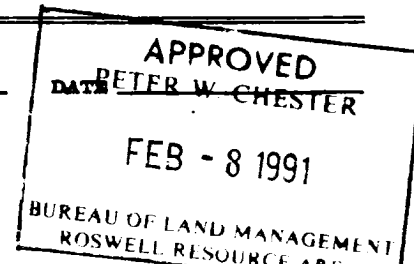
DATE 1-31-91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side