

Form 1000-Cons. Commission UNITED STATES
(Any 1989) DEPARTMENT OF THE INTERIOR
Bureau of Land Management
Artesia, NM 88210

CONTACT RECEIVING
OFFICE FOR NM
OF COPIES REQ. 0
(Other instructions on re-
verse side)

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

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR YATES PETROLEUM CORPORATION	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	5. 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 BLK. AND SURVEY OR ARMA Unit K, Sec. 23-T14S-R27E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO. 30-005-60872	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3505' GR											

16. 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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other) Repair hole	<input type="checkbox"/>		<input type="checkbox"/>

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

17. DESCRIBE PROMISED 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.)*

2-1-91. RUPU. POOH w/tubing and tools. CP 700# and TP 700#. Bled off casing and tubing. Pumped 80 bbls down casing. Pressure up. Pumped 8 bbls down tubing and loaded. Pressured casing 1000#, OK. Unset packer. Installed BOP. Hydrotested tubing in hole 5000# above slips. Put on tree. Started displacing backside with 2% KCL. Got circulation from intermediate. Set packer. Swabbed tubing to 4500'. Swabbed dry in 3 runs. Acidized with 3000 gals 7 1/2% Morflo acid with 1000 scf N2/bbl. Swabbed to recover load. Continued testing casing. Found an isolated hole in 4 1/2" between 1919-1934'. Set packer at 1934', tested casing from 1934-7880' and held 1000# for 5 minutes. TIH and set RBP at 7000'. Spot 4 sx sand on RBP. TOH with packer. TIH w/SVEZ drill retainer on tubing to 1886'. Pumped thru retainer set at 1886'. Pumped 200 sx Halliburton Lite + 175 sx Class "C" Premium with 5#/sx Salt. Circulated up intermediate. Circulated 51 sx Lite to pit. Sting out of retainer. Reversed out tubing. TOH. WOC. Drilled out cement and test squeeze. Swabbed well - recovering load. Stabilized 45# on 24/64" choke = 200 mcf. Work completed 2-15-91. Returned well to production.

Packer @ 7880'. Perforations: 7926-7943'



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

SIGNED [Signature]

TITLE Production Supervisor

DATE 2-19-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE PETER W. CHESTER

MAR 6 1991

*See Instructions on Reverse Side