- NN OIL CONS. COMMISSION	
Form 9-331 Drawer DD Artesia, NM 88210	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE NM-27909
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Comanche PQ Fed #I
1. oil gas well well other	9. WELL NO. #1
2. NAME OF OPERATOR John A. Yates JrOil Operator	10. FIELD OR WILDCAT NAME Bitter Lakes SA, South
3. ADDRESS OF OPERATOR 207 S. Fourth St.	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Unit A , Sec. 27- TIOS-R25E
below.) at surface: 990 FNL & 990 FEL at top prod. interval: 948 '	12. COUNTY OR PARISH 13. STATE Chaves N.M.
AT TOTAL DEPTH: 1006'	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3536.1. GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF Image: Constraint of the second se	
	3 (NOTE: Report results of multiple completion zage
(other) re-acidize same zone	D. C. D. ESIA, OFFICE
of interest to insure peris open	to all pertinent details, and give pertinent dates.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and ent to this work.)*
It is proposed to stimulate productio frac load on the Comanche PQ #1 by trea	on and recovery of the
The procedure is as follows:	
1) Have well pumped off 2) Dump 2 barrels of hot diesel with corrosion inhibitor down	
the annular side 3) Pump well until well pumps down	
4) Dump 250 gallons 15% NE-FE acid dow	wn the annular side
5) Let set 30 minutes 6) Displace with 13 barrels of hot die	esel with corrosion inhib-
itor 7) Let set 15 minutes and begin pumpir	ng well
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED APPROVED (This space for Federal or State of	<u>ator</u> date
ABBROVE (Orig. Sgd.) PETER W. CHESTER' TITLE	office use) DATESep. 13, 1983
CONDITIONS OF APPROVAL, IF ANY:	
SEP 2 9 1983	

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