

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
SUBMIT IN TRIPlicate
Drawings instructions on re-
verse side
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well or to develop a new reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 10458	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FSL & 1980 FWL, Sec. 3-T8S-R25E		8. FARM OR LEASE NAME Duncan LH Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632.8' GR		10. FIELD AND POOL, OR WILDCAT Und. Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 3-T8S-R25E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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 checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Production Csg., Perforate,	<input checked="" type="checkbox"/>		<input checked="" 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 4125'. Ran 102 joints of 4-1/2" 9.5# J-55 ST&C casing set at 4120'. 1-regular guide shoe set at 4120'. 1-Float collar set at 4080'. Cemented w/350 sacks 50/50 Poz, .3% CFR-2, .3% Halad-4, 2#/sacks KCL. Compressive strength of cement - 1050 psi in 12 hours. PD 10:00 AM 2-3-83. Bumped plug to 1000 psi, released pressure and float held okay. WOC 18 hours. Ran 1500' of 1". Cemented w/325 sacks Halliburton Lite. WIH and perforated 3768-3943' w/22 .42" holes as follows: 3768, 75, 76, 77, 95' (5 holes); 3869, 70, 74, 75' (4 holes); 3926, 27, 29, 31, 32, 33, 34, 35, 36, 37, 41, 42 and 43' (13 holes). RIH w/packer and RBP on tubing. Acidized perforations 3768-3943' w/2500 gallons 7 1/2% MOD 101 acid and 15 ball sealers. TOOH w/tools. Sand frac'd perforations 3768-3943' (via casing) w/40000 gallons gelled KCL water, 70000# 20/40 sand. Well flowed back and stabilized at 260 psi on 3/4" choke = 3955 mcf/gpd.

RECEIVED

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

SIGNED David R. Glass TITLE Production Supervisor DATE 2-22-83

(This space for Federal Agency Use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY DAVID R. GLASS TITLE Production Supervisor DATE 2-22-83

CONDITIONS OF APPROVAL, IF ANY:

FEB 24 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

See Instructions on Reverse Side