

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

SEP 11 1986

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 4920	

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 - I" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Yates Petroleum Corporation		8. Farm or Lease Name Ibis XU State
3. Address of Operator 105 South 4th St., Artesia, NM 88210		9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>9S</u> RANGE <u>26E</u> N.M.P.M.		10. Field and Pool, or Wildcat Gas Four Ranch Pre-Permian
15. Elevation (Show whether DF, RT, GR, etc.) 3794.8' GR		12. County Chaves

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Swab well</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-1-86. Blew well down on 1/2" choke in 30 minutes No fluid to surface. SI for pressure build up.
8-2-86. Dropped soap sticks and left shut in for 30 minutes. Opened up on 1/2" choke and blew down in 10 minutes.
8-4-86. Opened up on 3/4" choke and left for 6 hrs. No flow and no fluid to surface.
8-8-86. SI for 4 days. Well would not flow.
8-15-86. Moved in swab unit.
8-20-86. Moved in pulling unit. Circulated well clean to 5944'. Pulled packer to previous setting at 5783', set and tested to 500#. RD pulling unit. RU swab unit.
8-22-86. Swabbed back 30 bbls. Scattered fluid w/ a little gas.
8-23-86. Swabbed back 24 bbls. Scattered fluid with a little gas to seating nipple.
8-24-86. Swabbed back 22 bbls to seating nipple. Scattered fluid with a little gas.
8-26-86. SI 48 hrs. On first swab run, recovered 6 bbls. Flowed 4 hrs. Two hours on 48/64" choke at 70-100# with fluid. Pressure dropped in 2 hrs with less fluid.
8-27-86. Swabbed 15 bbls, dry.
8-28-86. Opened to 32/64" choke. Well did not flow.
8-29-86. Swabbed 14 bbls. Flow back, did not flow.
9-3-86. Blew down and made swab run. Well kicked off and flowed for 30 minutes.
9-8,9,-86. Continuing to swab. 1450 bbls total recovered.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Les A. Clements TITLE Production Supervisor DATE 9-10-86

Original Signed By
Les A. Clements

APPROVED BY Supervisor District II DATE SEP 12 1986

CONDITIONS OF APPROVAL, IF ANY: