

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COMMISSION  
SUBMIT IN THE  
Other Instructions  
Verse side)  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 28171	
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 1980 FSL & 660 FWL, Sec. 15-T9S-R26E		8. FARM OR LEASE NAME Spear OA Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756.2' GR		10. FIELD AND POOL, OR WILDCAT Foor Ranch Pre-Permian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 15-T9S-R26E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate, Treat</u> <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.) \*

2-7-84. TD 6246'. WIH and perforated 6075-94' w/52 .50" holes as follows: 6075-81' (24 holes) and 6087-94' (28 holes). Acidized perforations 6075-94' w/2000 gallons 15% Spearhead acid and 100 ball sealers. Sand frac perforations 6075-94' (via tubing and casing) w/30000 gallons gelled KCL water, 43 tons CO2, 40000# 20/40 sand. Flowed well to clean up and test.

4-12-84. Moved in pulling unit. Set bridge plug at 6040'. WIH and perforated 5922-50' w/44 .50" holes as follows: 5922-28' (4 SPF, 24 holes), 5940-42' (4 SPF, 8 holes) and 5947-50' (4 SPF, 12 holes). RIH w/tubing and packer, set packer at 5885'. Acidized perforations 5922-50' w/1500 gallons 15% Spearhead acid, N2 and 30 ball sealers. POOH w/tubing and packer. Frac perforations 5922-50' (via casing) w/40000 gallons gelled KCL water, 70000# 20/40 sand. Swabbed well and recovered load. POOH w/bridge plug at 6040'. Well cleaned up and stabilized at 215 psi on 3/16" choke = 183 mcf/gpd.

I hereby certify that the foregoing is true and correct

SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>5-30-84</u>
This space for Federal or State Record		
APPROVED BY <u>PETER W. FLESTER</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: JUN 12 1984		

\*See Instructions on Reverse Side