

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

7/8

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, re-enter, deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" 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 31099	
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. AGREEMENT NAME Morm 10 Federal	
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. 10-T8S-R26E		8. FIELD NO. 1	
14. PERMIT NO.		10. FIELDING POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3847' GR		11. COUNTY, E., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 10-8S-26E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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"/>	

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) Perforate & Treat Abo <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 6290'. Set standing valve and packer at 5700±. Test check valve to 3000#, OK. Get on/off tool. Reverse out of hole. TOOH. WIH and perforated 45018-32' w/10 .50" holes (2 SPF) as follows: 4518, 20, 22, 24 and 32'. TIH w/packer and bridge plug. Acidized perforations 4518-32' w/1500 gallons 7½% Spearhead acid and 9 ball sealers. TOOH w/tubing and packer. Sand frac'd perforations 4518-32' w/20000 gallons gelled KCL water, 30000# 20/40 sand. RIH w/tubing and packer set at 4475'.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 7-5-84

(This space for Federal or State official use)

ACCEPTED FOR RECORD

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

JUL 10 1984

*See Instructions on Reverse Side