

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
NM O&L Instruction
verse side)
Drawer DD
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 30390	
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 FEL, Sec. 34-T4S-R24E		8. FARM OR LEASE NAME Estoril "YZ" Federal	
14. PERMIT NO		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4022' GR		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 34-T4S-R24E	
		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"/>	

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, Trt <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.) *

5-9-84. ID 4070'. Ran 97 joints of 4-1/2" 9.5# J-55 ST&C casing set 4070'. 1-regular guide shoe set 4070'. Super Seal float collar set 4030'. Cemented w/450 sacks Class "C", .4% Halad-4, .2% CFR-2, 1.88#/sack KCL. PD 10:40 PM 5-5-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. WOCU 8 days.
5-22-84. Ran 1500' of 1". Cemented w/300 sacks Pacesetter Lite. Circulated 10 sacks. WIH and perforated 3853-60' w/8 .50" holes (1 SPF). RIH w/packer and tubing. Acidized perforations 3853-60' w/1500 gallons 7½% Spearhead acid and ball sealers. TOOH w/tubing and packer. WIH and perforated 3582-3604' w/12 .50" holes as follows: 3582, 83, 84, 96, 97, 98, 99, 3600, 01, 02, 03 and 04'. RIH w/tubing, RBP and packer. Set bridge plug at 3634'. Test bridge plug to 3000 psi, okay. Packer set at 3498'. Acidized perforations 3582-3604' w/1500 gallons 7½% Spearhead acid and ball sealers. POOH w/bridge plug, packer and tubing. Frac perforations 3853-60' (8 holes); 3852-3604' (12 holes) (via 4-1/2" casing) with 50000 gallons gelled 2% KCL water, 120000# 20/40 sand. WIH and set packer at 3530'.

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

SIGNED Peter W. Fester TITLE Production Supervisor DATE 5-31-84
(This space for Federal or State office use)

APPROVED BY PETER W. FESTER TITLE DATE
CONDITIONS OF APPROVAL IF ANY:
JUN 4 1984
*See Instructions on Reverse Side