

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructi
verbal)

CATE
OR re

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

c/sf

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"/>		2. NAME OF OPERATOR Yates Petroleum Corporation		3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		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. 25-10S-25E		5. LEASE DESIGNATION AND SERIAL NO. NM OIL CONS. COMMISSION NM 21489		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Comanche Hills ZU Federal		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Und. Pecos Slope Abo		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 25-T10S-R25E		12. COUNTY OR PARISH Chaves		13. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' GR																							

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"/>
FRACURE 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"/>		

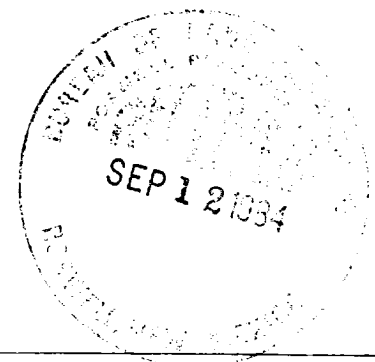
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Production Casing, Perforate	<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 4700'. Ran 108 jts of 4-1/2" 9.5# J-55 casing set 4700'. 1-regular guide shoe set 4700'. Float collar set 4653'. Cemented w/345 sx Class "C", .5% CF-1, .2% AF-S and 3% KCL. Compressive strength of cement - 950 psi in 12 hrs. PD 2:30 PM 7-12-84. Bumped plug to 1000 psi for 30 minutes, released pressure, casing held okay. WOC 18 hrs. Ran 1600' of 1" and cemented w/300 sx Pacesetter Lite. WIH and perforated 4248-4414' w/22 .42" holes as follows: 4248 and 51' (2 SPF, 4 holes); 4374, 76, 78, 84, 88, 90 98, 4412, 14' (2 SPF, 18 holes). Acidized perfs 4374-4414' w/2500 gallons 7 1/2% Spearhead acid and 18 ball sealers. Acidized perforations 4248-51' w/500 gallons 7 1/2% Spearhead acid and 3 ball sealers. Frac'd perfs 4248-4414' w/40000 gallons gelled KCL water, 70000# 20/40 sand. Well cleaned up and flowed 200 psi on 3/8" choke = 724 mcfpd.



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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 9-7-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE DATE
CONDITIONS OF APPROVAL

OCT 11 1984

*See Instructions on Reverse Side