

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

451

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 ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR  
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR  
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal survey or area)  
At surface  
330' FSL & 510' FWL, Sec. 20-T16S-R31E

RECEIVED  
JUN 11 1987  
O. C. D.  
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
LC 029437

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Grier ~~East~~

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Square Lake-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit M, Sec. 20-T16S-R31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3911' GR

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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

5-22-87 Set packer at 2936' on 96 joints 2-3/8" plastic-coated tubing. Establish rate of 1.5 BPM at 150 psi thru holes at 1000-1100'. Unset packer and reverse circulate casing with 25 bbls fresh water and 33 bbls Howco 12% Angard down to 2000'. Set Guiberson Uni nickel plated tension packer at 2936'. Squeezed with 10 bbls Angard to 350 psi. SI.

5-26-87. Pressure annulus to 300 psi, held 15 minutes, OK. Bled down. Check for flow. No flow.

ACCEPTED FOR RECORD  
JUN 5 1987  
SJS  
CARLSBAD, NEW MEXICO

BUREAU OF LAND MANAGEMENT  
RECEIVED  
MAY 28 1987  
DIST. A. N. M.  
Carlsbad, New Mexico

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

SIGNATURE G. J. L. L. TITLE Production Supervisor DATE 5-27-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side