

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

clsf

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		RECEIVED BY OCT 15 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC 029437	
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 810 FNL & 1980 FWL, Sec. 29-T16S-R31E			8. FARM OR LEASE NAME Grier	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT Square Lake G-SA
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 29-16S-31E
				12. COUNTY OR PARISH Eddy
				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 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) <u>Tested casing in WIW</u>	<input checked="" 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.)*

10-2-85. Moved in and rigged up pulling unit. TOOH w/tubing and packer. PU 4-3/4" bit and scraper on 100 jts 2-7/8" tubing. Ran bit to 3060'.

10-3-85. TOOH w/2-7/8" tubing and 4-3/4" scraper. PU 5-1/2" packer and RBP. TIH and set RBP at 3028'. Tested RBP to 500 psi, OK. Tested casing to 500 psi by moving packer and tubing up hole. Entire casing tested to 500 psi. No leaks. Laid down 2-7/8" tubing, packer and RBP. Ran 4" Baker 81 tension packer on 102 jts 2-3/8" plastic coated tubing. Changed out wellhead. Set packer and returned to injection.

ACCEPTED FOR RECORD

OCT 11 1985

CARLSBAD, NEW MEXICO

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

SIGNATURE <u>Grant Doodson</u>	TITLE <u>Production Supervisor</u>	DATE <u>10-4-85</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

Subject to
Like Approval
by State

*See Instructions on Reverse Side