Form 9-331 (May 1963)

16

UNITED STATES DEPARTMEI. OF THE INTERIOR (Other instructions verse side)

SUBMIT IN TRIPLE ""E"

Form approved. Budget Bureau No. 42 -R1424

5. LEASE DESIGNATION AND SERIAL NO.

G. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-0559532

GEOLOGICAL SURVEY

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.)

SECEIVED 7. UNIT AGREEMENT NAME $\begin{array}{ccc} \operatorname{orr.} & & & & \\ \operatorname{WELL} & & & & & & & & & \\ \operatorname{WELL} & & & & & & & & & \\ \end{array} \quad \begin{array}{cccc} \operatorname{other} & & & & & & & \\ \operatorname{WELL} & & & & & & & \\ \end{array} \quad \quad \begin{array}{ccccc} \operatorname{other} & & & & & & \\ \operatorname{WELL} & & & & & & \\ \end{array} \quad \quad \begin{array}{ccccc} \operatorname{other} & & & & & & \\ \operatorname{WELL} & & & & & & \\ \end{array} \quad \quad \begin{array}{ccccc} \operatorname{other} & & & & & \\ \operatorname{OTHER} & & & & & \\ \end{array}$ S. FARM OR LEASE NAME NAME OF OPERATOR OCT 20 1978 Gates Federal Deep Harvey E. Yates Company 9. WELL NO. 3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, New Mexico 88201 C. C. L. LOCATION OF WELL (Report location clearly and in accordance with any State regularity space 17 below.) 10. FIELD AND POOL, OR WILDCAT Wildcat Strawn 660' FSL & 660' FEL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-17S, R-28E 12. COUNTY OR PARISH, 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

_3536<u>'</u>_DF

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF :		
		, - :	; 	-	
	PULL OR ALTER CASING		WATER SHIT OFF	REPAIRING WELL	
FRAUTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACROZING	ABANDONMENT*	
-	CHANGE PLANS		(Other) Frac Treatment	Х	ζX
REPAIR WELL	114 400 1144		(Note: Report results of multip	de completion on Well	
(Other)			Completion or Recompletion Repo	arr and rang rooms	

- Completion or Recompletion Report and Log form.)

 17 DESCRIB PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and once 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.)
- Fracked Strawn perfs 9128' to 9181' KB via tubing w/30,000 gals 2% KCL Water 9 - 6 - 78Frac 40 gelled fluid w/20,000 lbs FLA 100 sand and 20,000 gals 28% XFL acid in 2 equal stages w/25 ball sealers between stages @ an average pressure 6000 psi @ 4.5 B/M. 1000 SCF $N_2/Bb1$ was injected per Bb1 of frac fluid and flush. Max press 7000 psi. FPIP 7000 psi. ISIP 5400 psi. 15 Min SIP 5000 psi.

18. I hereby certify that the foregoing is true and correct				
SIGNED IN THE STATE OF THE STAT	TUTLE	_ Engineer		-DATE <u>1</u> 0-9-78
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	ACTING DISTRICT	ENGINEER	DATE OCT 1 9 1978