

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL No.

NM036191

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Federales BO	
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico 88210		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 2310' FWL Sec. 22-17S-25E		10. FIELD AND POOL, OR WILDCAT Eagle Creek S.A.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-17S-25E Unit C NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3534' GL		12. COUNTY OR PARISH Eddy	
		13. STATE N. Mex.	

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) 4½" & 5½" Prod. Csg. <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 1537' - Ran a tapered string of production casing as follows: Ran 515' of 4½" 11#, J-55 and 1007' of 5½" 14#, J-55 casing (Total 1522') 1-shoe and float collar, set at 1537' with 125 sacks of Incor Neat 2% CaCl cement. Cement circulated. PD 4:00 PM 7-28-71. Centralizers at 1493, 1377, 1252 and 1091'. WOC 24 hours, tested casing with 1000#. Tested OK.

Perforated by Perfojet Services as follows: 1518, 1489, 1476, 1460½, 1414, 1398, 1384, 1374, 1367, 1351½, 1342½, 1336½, 1480½, 1455½, 1431, 1388, 1381, 1371, 1362, 1354½, 1346½, 1339, 1319½, 1289½, 1372½, 1369, 1341, 1338.

Sand Frac'd with 6500 gallons 15% acid for breakdown, 40000# 20-40 sand and 80000 gallons of water (treated).

RECEIVED

AUG 24 1971

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

SIGNED

TITLE

Engineer

DATE

8-20-71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 23 1971

H. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side