## U' ED STATES SUBMIT IN TRIP DEPARTMENT OF THE INTERIOR (Other Instruction verse side) GEOLOGICAL SURVEY

'ATE\* n re-

Form approved,
Budget Bureau No. 42-R1424.
5. Lease designation and serial no.

NM 0630
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	OTICES AND REPORTS Coosals to drill or to deepen or plug by CATION FOR PERMIT—" for such p		
1.	OATION TON EDIMIT 101 BACK P	A.E.O.E.I.VEL	7. UNIT AGREEMENT NAME
WELL GAS WELL OTHER		\$ED 3 C 103:	8. FARM OR LEASE NAME
Yates Petroleum C	lorporation √	SEP 2 9 1971	Federal LDY
3. ADDRESS OF OPERATOR		O. C. St.	9. WELL NO.
207 South 4th Str	ceet - Artesia, New	AMexico 88210	3
4. LOCATION OF WELL (Report location See also space 17 below.) At surface 22101 ENT			10. FIELD AND POOL, OR WILDCAT  Eagle Creek S.A.
At surface 2310' FNL	& 2310' FWL of Sec		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27-17S-25E
			Unit F NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3531' GL		Eddy   N.Mex.
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED Control of this work. If well is directly nent to this work.)*  TD 1465'; PBTD 1-6 follows: Ran 48 float collar and Incor Neat 2% Ca at 1413, 1293, 1 with 1000#. OK. Perforated by Pe 1363, 1359, 1356 1373½, 1369, 136 Sand Frac'd usin	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS  DEFRATIONS (Clearly state all pertinentionally drilled, give subsurface located to the	water shut-off  Fracture TREATMENT SHOOTING OR ACIDIZING (Other) 42 & 52" F (Note: Report results Completion or Recompl t details, and give pertinent dates, dons and measured and true vertical ed string of product 5 & 955' of 5½" 14 ) set at 1453' wit -6-71. Cement cir 0C 24 hours and pr follows: 1405,139 37½, 1315½, 1291, 347½, 1343, 1318, regular 15% acid fi	REPAIRING WELL ALTERING CASING ABANDONMENT*  Trod. Csg.  of multiple completion on Well etion Report and Log form.)  Including estimated date of starting any indepths for all markers and zones pertinent of the completion of the
18. I hereby certify that the foregoing		ngineer	DATE 9-28-71
(This space for Federal or State.	12.4 6. 1		AAAAA
(This space for rederal or State	1	_	
APPROVED BY CONTROVAL, II	FANY:	· · · · · · · · · · · · · · · · · · ·	DATE
A			
SEP 2 1		D 0.1	
1 DEEKMAN	*See Instructions	s on Reverse Side	