	N.M.O	P C CCM	COPH	tost
	N. M. O. C. C. COPY ED STATES SUBMIT IN TRI (Other Instruction on re- ENT OF THE INTERIOR verse side) EOLOGICAL SURVEY		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. 0559535	
	ICES AND REPORTS C sals to drill or to deepen or plug ba ATION FOR PERMIT—" for such pr	uck to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
DIL CAS WE'L WELL OTHER	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR Yates Petroleum Corporation >			8. FARM OR LEASE NAME Federal "FR"	
3. ADDRESS OF OPERATOR 207 South 4th Street-Artesia, NM 88210			9. WELL NO. 1.	
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL of Sec. 28-16S-30E 			10. FIELD AND POOL, OR WILDCAT Square Lake (Gbg S.A.) 11. SEC., T., R., M., OR BLE. AND SUBVEY OR AREA Sec. 28-165-30E Unit I	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 3765' GR	, RT, GR, etc.)	12. COUNTY OB PARISH Eddy	13. STATE NM
16. Check A	ppropriate Box To Indicate N	lature of Notice, Report, or (Other Data	
NOTICE OF INTENTION TO: SUBSEC		UENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING	Completion or Recomp	ABANDONMEN s of multiple completion pletion Report and Log for	ASING
nent to this work.) *	ted w/1]2 .45" ho	tions and measured and true vertice	ai deptus for all murkere	

treated perforations w/2000 gallons of 15% DS-30 acid, 4750# 20-40 sand and 20000 gallons of treated water. Set CIBP at 3050' and perforated 2971-2990' (w/76 .45" holes), Sand Frac'd w/20000 gallons of treated water and 35000# 20-40 sand. Moved in pulling unit and knocked out bridge plug. Ran tubing, rods and pump for completion.

	RECEIVED
RECEIVED	JUN 3 19/0
MAY 191976 M. S. GEOLSOIGEL SUNVEY ARTESIA, NEW MEXICO	O. C. C.
18. I hereby certify that the foregoing is true and correct SIGNED (Instrue Jomburgen) TITLE Geol. Secty	DATE5-19-76
(This space for Federal or State office use) APPROVED BY 1 CONDITIONS OF APPROVAL, IF ANY:	DATE
*See Instructions on Reverse Side	