

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Artos SUBMIT IN TRIPLICATE  
(Other Instructions  
verse side)

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

45F

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 ☐ GAS WELL ☒ OTHER Plugback & Recomplete

2. NAME OF OPERATOR  
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR  
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any requirements.  
See also space 17 below.)  
At surface 1980 FSL & 660 FWL, Sec. 31-T17S-R25E

RECEIVED BY  
AUG - 1 1986  
O. C. D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM 15664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal EF

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Eagle Creek Atoka-Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit L, Sec. 31-T17S-R25E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.  
API #30-015-23210

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3646' GR

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) Plugback & Recomplete	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(Other) \_\_\_\_\_  
(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.)\*

Well is depleted in Atoka-Morrow perforations 7790-8053' and in Cisco perforations 6306-6495'. Propose to set retainer @7775' and cement squeeze Atoka perfs. Set retainer @6280' and cement squeeze Cisco perfs. WOC. Drill out retainer and clean hole @6280-7750', perforate and stimulate Strawn limes at 7581-86' and 7702-08'. May dual complete well by perforating and stimulating Canyon Lime at 6904-14' and 6932-38'.



18. I, the undersigned, declare the foregoing is true and correct

SIGNED Ande Lovell

TITLE Production Supervisor

DATE 7/25/86

(This space is for Federal or State office use)

APPROVED BY Don McChrom

TITLE ACTING

DATE 7-29-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to Dual  
Like Approval Completion  
by State  
\*See Instructions on Reverse Side