

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985 *dsf*

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

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 State requirements. See also space 17 below.)
At surface
1980' FSL & 660' FWL, Sec. 31-T17S-R25E

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

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

MAY 15 '89

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
Undes. Wolfcamp

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other: Set CIBP's, perforate, trt <input checked="" type="checkbox"/>)	
(Other) <input 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.) *

4-24-89. RUPU. Installed BOP. Tested annulus to 500 psi. POOH with tubing and packer. Set CIBP at 7400' with 35' cement cap and 6200' with 35' cement cap. Perforated 4-1/2" casing at 5400' with 4 squeeze holes.

4-26-89. RIH w/packer on tubing to 5380'. Broke circulation thru 4 squeeze hole at 5400'. Pulled test packer. Set retainer at 5376'. Cemented 4-1/2" casing w/500 gals mudflush, 625 sx Class "C" with 2% Gel and 3#/sx Salt + 300 sx Class C with 3#/sx Salt and fluid loss additives. WOC.

4-28-89. WIH and perforated Wolfcamp Lime 5079-5091' w/10 .41" holes as follows: 5079, 82, 85, 87, and 5091'. Tested tubing in hole. Treated w/2500 gals 15% NEFE acid and 7 ball sealers.

5-2-89. Swabbed dry. Installed 1/8" choke with 70 psi.
Returned well to production.

Perforations open: 5079-5091'.

RECEIVED
MAY 15 1989
ARTESIA, NM

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

SIGNED [Signature] TITLE Production Supvr DATE 5-5-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side