

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIP!
(Other instructions
re-consider)

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

45F

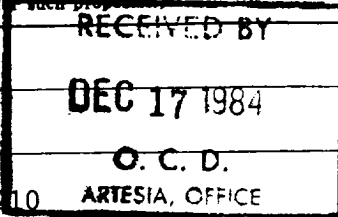
Artesia, NM 88210
Drawer DD

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 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
330 FSL & 1750 FWL, Sec. 26-T16S-R31E



5. LEASE DESIGNATION AND SERIAL NO.
NM 38474

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Porcupine AAQ Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Square Lake Grayburg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit N, Sec. 26-16S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4089' 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)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other) Perforate, Treat	<input type="checkbox"/>		<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.)

11-17-84. TD 5505'. WIH and perforated 5324-5403' w/26 .42" holes as follows: 5324, 25, 27, 29, 45, 46, 48, 49, 71, 72, 74, 78, 79, 83, 84, 85, 86, 88, 90, 92, 94, 96, 97, 98, 5402 and 03'.

11-19-84. Acidized perforations 5324-5403' w/3500 gals 15% NEFE acid plus ball sealers.

12-10-84. Frac'd perforations 5324-5403' w/80000 gals gelled KCL water and 160000# 20/40 sand.

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

SIGNED Isabella Goodlett

TITLE Production Supervisor

DATE 12-11-84

(This space for Federal or State Office Use)

APPROVED BY [Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 17 1984

*See Instructions on Reverse Side