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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JAN 9 1985 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. O. C. D.
OIL 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4089' GR

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set CIBP, Perforate, Treat

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

1-2-85. TD 5505'. Set CIBP at 4460' w/30' of cement on top. WIH and perforated 4318-4340' w/12 .50" holes as follows: 4318, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38 and 40'. Acidized perforations 4318-40' w/1000 gals 15% acid and 10 ball sealers. Swab testing into frac tanks.

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

SIGNED

TITLE Production Supervisor

DATE 1-4-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side