

Form 3160-5
(July 1989)
(Formerly 9-331)

NM OIL & GAS COMMISSION
DRAWER DD
UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECORDING
OFFICE FOR 1 R
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

c/sf

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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.)

OCT 17 '89

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 59041
2. NAME OF OPERATOR Yates Petroleum Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210				7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 2310' FWL, Sec. 28-T16S-R30E				8. FARM OR LEASE NAME Notre Hill YW Federal
14. PERMIT NO. 30-015-26175		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3751' GR		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. 28-16S-30E
				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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

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 type="checkbox"/>
(Other) Production Csg, Perforate	<input type="checkbox"/>		<input checked="" 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.)

TD 3750'. Reached TD 4:00 AM 9-10-89. Ran 89 joints 4 1/2" 9.5# J-55 casing set 3750'. Guide shoe set 3750', float shoe set 3706'. Cemented w/500 g. Excellon-gel, 500 g. Surebond, 475 sx C1 C + .5% CF-1 (yield 1.32, wt 14.8). PD 1:15 AM 9-11-89. Bumped plug to 1600 psi for 2 minutes, OK. WOCU 14 days. Perforated 3493-3547' w/15 .41" holes as follows: 3493, 96, 99, 3505, 07, 10, 14, 16, 18, 25, 28, 44, 45, 46, 47'. Treated w/2000 gal 20% NEFE. Frac'd perfs 3493-3547' w/20000g. 30# gel KCL + 29500# 20/40 sand. Swabbed well. Perforated 3366-3372', 3397-3399', 3401-06' w/16 holes (1 SPF). Treated perfs w/2000 gals 20% NEFE acid. Swab tested. 10-7-89. Perforated 3023-24' (2 SPF) and 3027-39' (2 SPF) total 8 .41" holes. Perforated 2919-36' w/8 .41" holes as follows: 2919, 20, 22, 27, 28, 33, 34, and 2936'. Acidized perfs 3023-39' and 2919-36' in two stages w/2000 gals 15% MCA.

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OCT 11 12 20 PM '89
CARLSBAD, NM

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

SIGNED [Signature] TITLE Production Supervisor DATE 10-10-89

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 13 1989

*See Instructions on Reverse Side

SCS
CARLSBAD, NEW MEXICO