

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
ARTESIA OFFICE

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit H, 1650' FNL, 330' FEL, Sec. 12-T18S-R29E

5. Lease Designation and Serial No.

6060904

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

WLH G4S Unit

8. Well Name and No.

Tract 13, Well #4

9. API Well No.

30-015-03400

10. Field and Pool, or Exploratory Area

Loco Hills-Q-G-SA

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Clean out - acidize,
return to production

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

11-14-91. RU Service Unit. Drilled out packer shoe at 2660'. Cleaned out open hole to 2808'. TIH with 4 1/2" tension packer set at 2606' with tail pipe set at 2748'. Acidized open hole with 500 gals 15% NEFE acid with scale inhibitor. Flush and over flush with 50 bbls 2% KCL water. Flow back. Reverse circulate with 2% KCL water. POH. TIH with production string. Hang on pump jack 11-16-91 and return well to production.

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

Signed [Signature]

Title Production Supervisor

Date 12-17-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____