

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424

c/sr
File

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 067238	
2. NAME OF OPERATOR Yates Drilling Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 So. 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 660' FNL & 1980' FEL, Sec. 28-18S-29E		8. FARM OR LEASE NAME Federal DY	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3461' GR		10. FIELD AND POOL, OR WILDCAT Turkey Tract	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit B, Sec. 28-18S-29E	
		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 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 checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Change zones	<input checked="" 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.)*

October 6, 1980 - Pulled cement lined tubing and packer. Ran cement bond log. Top of cement @1582'. Set wireline plug @1980' w/cement on top. Perforated 1802-1810', 1910-1914'.

October 7, 1980 - Ran tubing, tagged cement @1937'. Swabbed down - no show of fluid or gas coming in. Straddled bottom perf. Brokedown w/acid - communicated to top perfs. Set above top perfs. Acidized both zones together w/balls, 1000 gal acid. Instand shut in pressure 1200 psi, 15 minutes 1100 psi. Flowed back & circulated hole.

October 8, 1980 - Pulled plug and packer, swabbed down. No shows of oil or gas Shut-in overnight.

October 9, 1980 - Approximately 100' fluid in hole. Swabbed down - no show of oil or gas. Pulled tubing - moved off for further evaluation.

Verbal approval given by Mr. Bill Gressett, OCD, for 30-day evaluation.

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

SIGNED [Signature] TITLED Drilling Supervisor DATE Oct. 14, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APP **ACCEPTED FOR RECORD**

OCT 15 1980

U.S. GEOLOGICAL SURVEY

*See Instructions on Reverse Side

