

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. C. C. C.
SUBMIT IN THE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM-0630
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Martin Yates, III ✓		8. FARM OR LEASE NAME LDY	
3. ADDRESS OF OPERATOR 323 Canyon Building - Artesia, New Mexico 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FWL and 2310 FWL of Sec. 26-18S-25E		10. FIELD AND POOL, OR WILDCAT Wildcat Penasco Draw 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-18S-25E NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3485' GR	12. COUNTY OR PARISH Eddy	13. STATE N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(Other) ☐	

(Note: Report results of multiple completion or 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.) *

The following intervals were acidized using the Lynes straddle packer.

SEE ATTACHED SHEET

Attempted numerous straddle packer settings from 2390-2461', however, there was communication around the top packer for each setting.
Testing completed 7-28-66.

7-30-66 - Put on pump to test the well.

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

SIGNED Richard C. Norman TITLE Geologist DATE 1-10-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE FEB 1 1967

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

WILLIAM A. YAKOS, III
625 Corpor Building - Artesia, New Mexico 88210

WY 15. 1 - 26-18S-25E (Use. designation and serial No. NM-0630)

<u>Spice</u>	<u>Interval</u>	<u>Gal. Prod.</u>	<u>Swabbing Results</u>
1	1708-1718	500	Swabbed dry
2	1746-1756	500	"
3	1820-1838	500	"
4	2147-2170	350	Swabbed dry, sli gas show
5	2174-2192	500	Swabbed 7½ GOPH
6	2174-2192	2500	Swabbed 10½ GOPH
7	2194-2210	400	Communicated
8	2210-2230	375	"
9	2266-2288	500	Swabbed dry
10	2336-2370	Packer slid up hole	
10-A	2330-2370	500	Swabbed 4½ GOPH
10-B	2330-2370	2000	Swabbed 28 GOPH
10-C	2330-2370	8000	Swabbed 40 GOPH
11	2420-2442	500	Communicated
12	2460-2488		Communicated
13	2388-2460		Communicated

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