

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

C/SF

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	<b>RECEIVED BY</b>  <b>MAR 04 1986</b>  <b>O. C. D.</b> <b>ARTESIA OFFICE</b>
2. NAME OF OPERATOR Yates Petroleum Corporation	
3. ADDRESS OF OPERATOR 207 So. 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 1680 FNL & 1980 FEL, Sec. 28-T18S-R29E	
14. PERMIT NO. API #30-015-23272	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3438.2 3451' GR

5. LEASE DESIGNATION AND SERIAL NO. LC 067348	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Dixon-Yates LM Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Turkey Track Atoka	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, 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:

SUBSEQUENT REPORT OF:

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"/>	

WATER SHUT-OFF <input 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) Perforate, Trt	<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.)

WIH and perforated 10481-11027' w/17 .34" holes as follows: 10481, 82, 83, 10509, 10, 11, 10938½, 40, 41, 87, 88, 92, 94½, 11022, 23, 24 and 26'. Acidized perms 10481-10511' w/1500 gals 15% NEFE acid + N2 and ball sealers. Acidized perms 10938½-11026' w/2000 gals 15% Morflo acid + N2 and ball sealers. Swabbed dry.  
WIH and perforated 10676-10754' w/10 .34" holes as follows: 10676, 77, 78, 79, 10743, 47, 51, 52, 53 and 54'. Acidized perms 10743-54' w/1000 gals 15% NEFE acid. Acidized perms 10652-10679' w/1500 gals 15% NEFE acid. Packer set at 10609'; RBP set 10807'. Perforations open: 11652-58, 10676-79, 10743-54'. Work began 1-2-86. Completed 1-10-86. Well stablized at 150 psi on 1/8" choke. Returned well to production.

ACCEPTED FOR RECORD

*SWD*  
MAR 3 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Marita Goodlett* TITLE Production Supervisor DATE 2-25-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side