

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

NM OIL CONS. COMMISS. IN THE
DRAWING (Other instructions
verse side)
Artesia, NM 88210

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

c/sf

5. LEASE DESIGNATION AND SERIAL NO.

LC 028978-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Benson Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ninemim Ridge Morrow

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

Unit E, Sec. 34-T18S-R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Yates Petroleum Corporation ✓

3. ADDRESS OF OPERATOR
207 South 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
2030 FNL & 660 FWL, Sec. 34-T18S-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

3458.5' GR

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 type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

- 1-28-85. Set CIBP at 11750' w/35' cement on top.
- 1-29-85. Perforated 11608-614' w/12 .42" holes. Acidized perfs 11608-614' w/1500 gals 7½% Morflo acid & N₂ plus 10 ball sealers.
- 1-30-85. Bled well down. Made swab run. No fluid in hole. Show of gas.
- 2-6-85. Set CIBP @11600' w/30' cement on top.
- 2-7-85. Perforated 11518-526' w/16 .42" holes (2 SPF). Acidized perfs 11518-526' w/1500 gals 7½% Morflo acid & N₂ plus 14 ball sealers.
- 2-9-85. Re-acidized 11518-526' w/1500 gals 7½% Morflo acid & N₂, plus ball sealers.
- 2-12-85. Well flowed and stabilized at 50 psi on 1/2" choke = 313 mcfpd. Perforations open 11518-11526'.

Returned well to production.

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

SIGNED *Ignacio Goodlett* TITLE Production Supervisor DATE 7-15-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 25 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO