

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Drill Log Form No. 1004-100
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO. *215F*
LC 028978B
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation ✓	8. FARM OR LEASE NAME Benson Deep Fed. ET Com
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 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 660' FNL & 1980' FEL	10. FIELD AND POOL OR WILDCAT Undes. Bone Springs
14. PERMIT NO. API #30-015-25121	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit B, Sec. 33-T18S-R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3419' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

MAY 27 '88

O. C. D.

ARTESIA OFFICE

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Plugback to Bone Springs			<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.)

Drilled out cement retainer at 8150' and cement to 8240'. Tested squeeze holes at 8230' to 1500 psi. No leak off. Perforated Bone Springs 8318-8440' w/25 .42" holes as follows: 8318, 20, 22, 24, 26, 46, 48, 50, 52, 54, 80, 82, 84, 86, 88, 94, 96, 98, 8400, 02, 24, 28, 32, 36 and 8440'. Acidized perfs 8318-8440' w/3750 gals 15% NEFE acid (communicated up to squeeze hole at 8230'. Set cement retainer at 8170' and resqueezed hole at 8230' w/35 sx Class H to 1600 psi. Perforated 2 squeeze hole at 7800'. Set retainer at 7730'. Pumped 125 sx Class H. Broke circulation at surface after displacing 22 bbls cement. Closed 8-5/8" casing valve and squeezed last barrel to 1400 psi. Ran bond log. Good bond. Drilled out cement retainers at 7730', 8170', 8570' and cement to 8650'. Tested all squeeze holes to 1500 psi. No leakoff. Set RBP at 8602' and pressure tested. Frac'd perfs 8318-8440' w/100000 gals cross-linked gel and 150000# 20/40 + 50000# 16/30 sand. Flowed well down. Perforated Bone Springs interval 7409-7539' w/23 .42" holes as follows: 7409, 11, 13, 15, 17, 19, 27, 29, 31, 35, 7480, 81, 85, 86, 88, 89, 90, 93, 95, 7536, 37, 38, and 7539'. Acidized perfs 7409-7539' in three stages w/total of 750 gals 15% NEFE acid. No communication between perfs. Set RBP at 7675' and pressure tested. Frac'd perforations 7409-7539' (23 holes) via 5 1/2" casing with 100000 gals Cross-linked gel 2% KCL water + 150000# 20/40 sand & 50000# 16/30 sand. Work began 4-26-88. Frac'd well 5-18-88.

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

SIGNED *Antonio G. Rodden* TITLE Production Supervisor DATE 5-19-88
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

MAY 26 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

