

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction  
verse side)

Budget Bureau No. 1004-C-1  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 028978B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Benson Deep Fed. ET Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Under Bone Springs

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Unit B, Sec. 33-T18S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

RECEIVED

SEP 02 '88

O.C.D.  
ARTESIA, OFFICE

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 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

660' FNL & 1980' FEL

14. PERMIT NO.

API #30-015-25121

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

3419' GR 3484'

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*

Propose to cement squeeze Bone Springs perforations 7409-7539' to eliminate  
approximately 425 BWPD. After drillout and pressure testing, Bone Springs  
perforations 8318-8440' will be returned to pump for production test.

RECEIVED  
AUG 19 12 01 PM '88  
CARRIZO  
AREA

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

SIGNER

TITLE Production Supervisor

DATE 8-17-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

