

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Budget Bureau No. 1004-0-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
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

SEP 02 '88

O. C. D.
ARTESIA OFFICE

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

14. PERMIT NO.
API #30-015-25121

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3419' GR 3482'

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:

TEST WATER SHUT-OFF

PILL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Squeeze perfs, retest previous perfs.

(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.)*

TIH with cement retainer and tubing. Set retainer 7335'. Mixed and pumped 4000 gals injectrol and 200 sacks Class "H" cement. Squeezed perforations 7409-7539' to 3300 psi. Sting out of retainer. Reversed out 35 sx cement. TOOH w/tubing and stinger. Drilled out cement to 7550'. Tested squeeze to 1000 psi, OK. Hang well on pump. Work completed 8-17-88.

Aug 19 12 34 PM '88
CARLSBAD
AREA

RECEIVED

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

SIGNED

Juanita Doolittle

TITLE Production Supervisor

DATE 8-18-88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 31 1988

*See Instructions on Reverse Side

SOS
CARLSBAD, NEW MEXICO

