

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO

NM 34452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Northwestern Shores XR Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Four Mile Draw-Morrow Gas

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

Unit B, Sec. 36-T18S-R26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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, Sec. 36-18S-26E

RECEIVED

JUN 28 '89

ARTESIA, OFFICE

14. PERMIT NO.

API #30-015-24600

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

3277' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)\*

Perforate Upper Morrow at 9314-16', 9324-27', 9330-43' with 1 SPF (21 holes - .41" holes). Acidize perms 9314-16', 9324-27', 9330-43' w/2000 gals 7 1/2% MS acid, N<sub>2</sub> and 19 ball sealers.

Frac perforations 9314-9343' (21 holes) with 11000 gals Acid Gel II and CO<sub>2</sub> with 12000# 20/40 sand.

Recover load and return well to production.

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

SIGNED *[Signature]*

TITLE Production Supervisor

DATE 6-15-89

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

FOR: TITLE CHIEF, MINERAL RESOURCES

DATE 6-27-89

\*See Instructions on Reverse Side