

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE
(Other instructions
verse 1001)

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

5. LEASE DESIGNATION AND SERIAL NO

LC 064622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Northwestern Shores AAL Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Four Mile Draw
Undes. Morrow

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

Unit J, Sec. 36-T18S-R26E

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

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal regulations. See also space 17 below.)
At surface

1980' FSL & 1980' FEL

14. PERMIT NO.

API #30-015-25172

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

3274' 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)

Perforate, Trt Upper Morrow

(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.)*

1-7-87. Set retainer at 9410'. Squeezed perforations 9453 1/2-65' w/100 sx Class "H" cement with .5% CF-14 to 5000 psi. Reverse out 33 sacks.

RIH on wireline with casing gun and perforated Upper Morrow with 18 .41" holes (2 SPF) as follows: 9342-48' and 9351-54'. Acidized perforations with 2500 gals 7-1/2% MS acid and 1000 SCF/bbl N2.

Swabbed well. Gas TSTM.

1-9-87. Rigged down pulling unit.

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

SIGNED

TITLE Production Supervisor

DATE 3-23-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side