

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0133  
Expires August 31, 1985

CLSF

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 ☐ 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

RECEIVED BY  
APR 15 1987  
O.C.D.  
ARTESIA, OFFICE

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  
Undes. Strawn

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Unit J, Sec. 36-T18S-R26E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

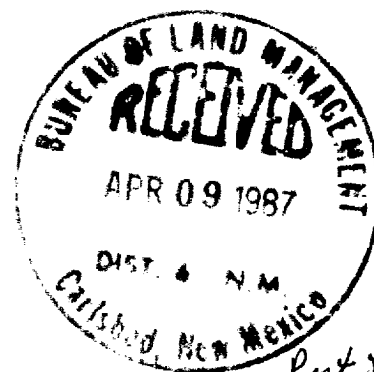
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)\*

3-26-87. Set CIBP at 9300' with 35' of cement on top. Perforated Strawn 8586-8593' with 2 SPF (15 holes). Treated perfs 8586-93' w/1500 gals 15% NEFE acid and Nitrogen plus 12 ball sealers.

4-6-87. Sand frac'd perforations 8586-8593' w/10000 gals PurGel 40 and 5000 gals CO2 with 15000# 20/40 sand. Recovering load.



Post ID-12  
4-14-87  
P & H Mrs.

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

SIGNED [Signature]  
(This space for Federal or State office use)

TITLE Production Supervisor DATE 4-8-87

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE APR 13 1987

CARLSBAD, NEW MEXICO

\*See Instructions on Reverse Side