

**N. M. O. & C. COPY**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

**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**  
**FEB 4 1974**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

1. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. <b>UNIT AGREEMENT NAME</b>	
2. <b>NAME OF OPERATOR</b> Yates Petroleum Corporation✓		8. <b>ARM OR LEASE NAME</b> Federal "CW"	
3. <b>ADDRESS OF OPERATOR</b> 207 South 4th Street-Artesia, NM 88210		9. <b>WELL NO.</b> 1	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1830' FWL & 720' FSL of Sec. 1-19S-24E		10. <b>FIELD AND POOL, OR WILDCAT</b> Wildcat	
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLM. AND SURVEY OR AREA</b> Sec. 1-19S-24E	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3676' GR		12. <b>COUNTY OR PARISH</b> Eddy	
		13. <b>STATE</b> NM	

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

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

<table border="0" style="width:100%;"> <tr> <td style="width:50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETION <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table>	TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input checked="" type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) PB &amp; set 5½" csg <input checked="" type="checkbox"/></td> </tr> </table>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	(Other) PB & set 5½" csg <input checked="" type="checkbox"/>	
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(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.)\*

12-2-73 - Verbal approval was given by the **USGS** to plug back well as follows:

8920-8820' - 40 sx

7550-7450' - 40 sx

5600-5500' - 40 sx

Heavy mud between each plug.

**O. C. C.**  
**ARTESIA, OFFICE**

Ran 170 jts of 5½" csg as follows: 110 jts 5½" 14#, K-55 ST&C (3494') 60 jts 5½" 15.5#, K-55 ST&C (1903') (5397'). Centralizers at 5347, 5191, 5063, Guide shoe 5397' and Float Collar automatic fill at 5347'. Cemented w/ 250 gal mud flush, 200 sx 50-50 pozmix, 2% gel, 5# salt and 0.6% CFR-2, displaced w/20 bbls KCl wtr. and 110 bbls fresh water. PD 11:30 AM 12-2-73. WOC. Removed flow nipple & BOP's. Set slips on 5½" csg w/40000# Ran Temperature Survey and found top of cement at 4620'. WOC 24 hrs. Tested to 1000#. Tested OK.

Perforated w/33 .42" jet shots 5202½-5212'. Set packer at 5162' and treated perforations with 1000 gal NE acid.

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

SIGNED

*Eddie M. [Signature]*

TITLE

Engineer

DATE

2-4-74

(This space for Federal or State office use)

APPROVED BY

*[Signature]*

TITLE

DISTRICT ENGINEER

DATE

**FEB 4 1974**

CONDITIONS OF APPROVAL, IF ANY: