

RECEIVED BY 88210
(May 1963)

DEC 13 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 36500

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cotton MX Federal *Perm*

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Boyd Morrow

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

Unit C, Sec. 14-19S-25E

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

207 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

810 FNL & 2180 FWL, Sec. 14-T19S-R25E

14. PERMIT NO.

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

3430' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐(Other) Set CIBP & treat Upper Morrow ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Morrow perforations at 9321-28' are depleted. Propose to set a CIBP at 9300' w/
35' cement on top, perforate and stimulate Upper Morrow perforations at 9110-14'.

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

SIGNED

Janita Doudlett

TITLE

Production Supervisor

DATE

12-10-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

AREA NAME

CARLSBAD REGIONAL

DATE

12-12-84