

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
COPIES DESTROYED
FEBRUARY 1988

BRITISH PETROLEUM
INDIAN, ARIZONA
LEASE DESIGNATION AND SERIAL
NM 0352858-B
IF INDIAN, ALLOTTEE OR TRIBE

c15f

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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. NAME OF OPERATOR ☐ WELL ☐ 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 2030' FSL & 990' FWL
14. PERMIT NO. API #30-015-23335 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3648' GR
FEB 02 '88
O. C. D.
ARTESIA, OFFICE

UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Mobil CI Federal
9. WELL NO. 11
10. FIELD AND ZONE OR WILDCAT Penasco Permo Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit L, Sec. 6-T19S-R25E
12. COUNTY OR PARISH Eddy 13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Plugback, perforate, treat <input checked="" type="checkbox"/>	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(Other) <input type="checkbox"/>	

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.) *

1-11-88. Set CIBP at 8735' w/35' cement on top. Perforated 8002-8004' (1 SPF) and 7985-7990' (2 SPF). Treated perforations 7985-8004' w/1500 gals 15% NEFE acid and ball sealers.
1-14-88. Perforated 7908-7917' w/10 .40" holes and 7112-7115' w/6 .40" holes. Treated perforations 7908-7917' w/1500 gals 15% NEFE acid and 12 ball sealers.
1-18-88. Treated perforations 7112-7115' w/1000 gals 15% NEFE acid.
1-19-88. Swabbed well.

Post FL-2
2-5-88
P & A Woz.

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

SIGNED [Signature] TITLE Production Supervisor DATE 1-26-88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 29 1988

SJS

*See Instructions on Reverse Side