Carrier and	OF THE INTERIO	(I f Acted Prine)	5. LEASE	res August 31 DESIGNATION AND 0352858-B	, 1985	
SUNDRY NOTICES A (Do not use this form for proposals to dril Use "APPLICATION FOR	ND REPORTS OF	N WERESEIVED	I	AN, ALLOTTEE OF	TRIBE NAME	
OIL GAS X OTHER	Recompletion. APR 18'88		7. UNIT AG	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR	/	71111000	8. FARM OF	LEASE NAME		
Yates Petroleum Corporati	lon 🗸	O. C. D.	1	CI Federa	1	
3. ADDRESS OF OPERATOR		ARTESIA, OFFICE	9. WELL NO		-	
105 South 4th St., Artesi	a, NM 88210	•	11			
 LOCATION OF WELL (Report location clearly and i See also space 17 below.) 	n accordance with any Sta	te requirements.	19 FIELD	INP POPL OR WI	LDCAT	
2030' FSL & 990' FWL			Penasc 11. sec., T.,	O Permo Perm	enn	
			Unit L.	Sec. 6-T]	19S-R25E	
14. PERMIT NO. 15. ELEVA API #30-015-23335	TIONS (Show whether DF, RT,	GR, etc.)	12. COUNTY	OR PARISH 13.	HTATE	
API #30-013-23335	3648' GR		Eddy	l N	JM	
16. Check Appropriate	Box To Indicate Nati	ire of Notice, Report, or	Other Data			
NOTICE OF INTENTION TO:	Dun 10 maicaic 11aic					
Total of Intention 10.	(នបននា 	QUENT REPORT (OF:		
TEST WATER SHUT-OFF PULL OR ALT	ER CASING	WATER SHUT-OFF	R	EPAIRING WELL		
FRACTURE TREAT MULTIPLE CO	MPLETE	PRACTURE TREATMENT		LTEBING CABING		
SHOOT OR ACIDIZE ABANDON®		SHOOTING OR ACIDIZING	XX	BANDONMENT*		
REPAIR WELL CHANGE PLAN	er	(Other) Reconnecte			X	
(Other)		(Note: Report resultion or Recou	ts of multiple condition Report a	ompletion on W	ell	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cle proposed work. If well is directionally drilled, nent to this work.) *	cally state all pertinent de give subsurface locations					
2-4-88. Acidized perforation gelled 20% NEFE acid + 22 to 2-5-88-2-12-88. Swabbed well	ons CO ₂ .	a 2-3/8" tubing) v	w/10000 ga	ls		
2-13-88. SI for pressure bu	ildup.					
3-23-88. Well cleaned up an	d flowed 40 psi	on $1/4$ " choke = 7	77 mcgpd.	Mar 2 CARL AREA	733	
3-23-88. Well reconnected t	o Transwestern	Pipeline for gas s	sales		m	
		-politic for gas s	bares.	5	C C	
					=	
				2	RECEIVED	
					D	
				<u>m</u> .~		
				88 RS		
18. I hereby certify that the foregoing is true and con	rrect					
SIGNED (Anila Dood 1 N	mymrn Produc	tion Supervisor		2 20 00		
	TITLE TIOUC	Daher ATSOL	DATE _	3-28-88		
(This space for Federal or State office use)			<i>r</i>			
APPROVED BY	TITLE		DATE_			
CONDITIONS OF APPROVAL, IF ANY:				101.		
				·		
		_	\sim			
	*See Instructions on I	Reverse Side	SUS		•	