

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMXO-3160-4

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 39949
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Alexandre AHX Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 2105' FWL, Sec. 33-19S-24E		10. FIELD AND POOL, OR WILDCAT Undes. Canyon/Wolfcamp		11. SEC., T., R., M., OR BLK. AND SURVEY OR ADMA Unit C, Sec. 33-T19S-R24E
14. PERMIT NO. 30-015-26427		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3770' GR		12. COUNTY OR PARISH Eddy
		13. STATE NM		

RECEIVED

DEC 7 '90

O. C. D.

ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

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"/>		

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	Perforate, Treat Wolfcamp	<input checked="" 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.) *

10-24-90. Unset packer. Latched onto RBP. Set at 7175' and tested to 2000#. Perforated Wolfcamp 6076-6338' w/88 - .34" holes (2 SPF) as follows:
Zone 1: 6306-10' (8 holes), 6314-16' (4 holes) 6320-25' (10 holes), 6330-33', (6 holes) and 6335-38' (6 holes) total 34 holes.
Zone 2: 6180-82' (4 holes), 6187-90' (6 holes), *6195-98' (6 holes), 6200-04' (8 holes) and 6206-09' (6 holes) total 30 holes.
Zone 3: 6076-78' (4 holes), 6082-92' (20 holes) total 24 holes.
10-27-90. Acidized perforations 6076-6338' w/9000 gals 15% NEFE acid, 400# BAF + 180 ball sealers. Note: Packer at 6022', RBP at 6385' and 7176'.
*Correct perforations.
10-28 - 10-1-90. Shut in, 168 hour BHP bomb.
11-27-90. Unset packer. Unset RBP @ 6385'. Set packer and test RBP at 7176' to 2500 psi. TOH with packer and RBP. Frac'd (via 5 1/2" casing) with 60000 gal gelled KCL and 105000# 20/40 sand.
11-28 - 30-90. Flowed and swabbed well.

Note: Perforations corrected; well frac'd.

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 11-30-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side