

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAR - 2 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 045274 86-241

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hill View AHE Fed. Com #7

9. API Well No.

30-015-26610

10. Field and Pool, or Exploratory Area

South Dagger Draw U/Penn

11. County or Parish, State

Eddy, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry ~~any~~ ^{any} reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit M, 660' FSL, 660' FWL, Sec. 13-T20S-R24E, NMPM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add perfs existing zone
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Current perforations 7763-7803'. Propose to perforate 7698-7708' (12 holes)
Straddle and treat 7698-7708' w/1500 gals 10% HCL acid.
Swab back and evaluate zone.

After evaluating will re-acidize if deemed necessary as follows:
Straddle 7763-7803 and treat w/5000 gals 20% (NEFE + scale inhibitor).

Straddle 7698-7708' and treat w/4000 gals 20% HLC (NEFE + scale inhibitor).
Swab back load and evaluate.

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

Signed Quanita Goodlett

Title Production Supervisor

Date 2-24-92

(This space for Federal or State office use)

Approved by

Title

Date

2/27/92

Conditions of approval, if any: