

N. M. O. C. G. COREY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

REPORT IN TRIANGLE - 11-11-67
(Check Instructions on reverse side)

Copy to SF
Bureau of Land Management
Department of the Interior
Washington, D.C. 20460

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		DEC 14 1973
2. NAME OF OPERATOR S. P. Yates		
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, NM 88210		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 990' FEL NW/4 SE/4 of Sec. 12-20S-26E		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3333' DF	

5. LEASE OR AGREEMENT AND SERIAL NO. NM-10110-2
6. IF INDIAN, ALLOTTEE OR TRIBE, NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Bighorn
9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT West McMillan P.L. On
11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec. 12-20S-26E
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:

TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

TD 740'; PBTD 682'

Propose to squeeze present perforations 655-665' w/100 sacks of cement to solve produced water problems. Propose to perforate 558-560' with 4 shots per ft. and breakdown with 250 gallons 15% HCl and put well on production test.

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED S. P. Yates TITLE Engineer DATE 12-12-73

(This space for Federal or State office use)

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

APPROVED
DEC 14 1973
J. L. BECKMAN
DISTRICT ENGINEER

*See Instructions on Reverse Side