TED STATES SUBMIT IN TR DEPARTMENT OF THE INTERIOR (Other instruction verse side)

M. M. O. F

CATE*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO.

GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Po 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.) 7. UNIT AGREEMENT NAME GAS WELL 8. FARM OR LEASE NAME 2. NAME OF OPERATOR S. P. Yates ASSECTSOR 9. WELL NO. 3. ADDRESS OF OPERATOR 207 So. 4th Street - Artesia, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT McAllan St-Q West 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 11-205-262 2310' FSL & 990' FEL of Sec. 11-20S-26E i MPM 12, COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 41.11. 3278 GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT X ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE

(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.)*

PBTD 628'.

REPAIR WELL

(Other)

3-7-69 - Tested connections with 3000# pressure. OK. Perforated from 550-560' with 20 - .45" Jet shots and Sand Frac, using 500 gallons of NE 15% acid, 4 RCN balls and 5000# 20-40 sand and 6300 gallons of water.

RECEIVED

CHANGE PLANS

MAR 1 / 1969

G. C. C. ARTERIA, DESIGN MAR 14:269

u. S. Gella

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Prod. Supt.	DATE 3-13-59
(This space for Federal or State office use)		
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
Wind Buch		:
R. L. BEEKMA *S	ee Instructions on Reverse Side	