

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45P

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> RE-ENTRY		5. LEASE DESIGNATION AND SERIAL NO. NM-29201	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements.* See also space 17 below.) At surface 800' FSL & 2460' FEL		8. FARM OR LEASE NAME Ambra AEK Federal	
14. PERMIT NO. 20488 API #30-015-24088		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3654 3655' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Yeso	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 11-T21S-R24E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED BY
JAN -9 1987
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Re-Entry, Perforate, Treat</u> <input checked="" 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.)*

RU and began drilling surface plug at 5:30 AM 12-24-86. Drilled cement plugs from 3290-3410'. Cleaned out to 3653'. Circulated clean. Spotted 50 sacks Class "C" with 2% CaCl2 at 3643'. Tagged cement plug at 3512'. PBTD 3512'. Spotted 600 gals acid from 3206-3413'. WIH and perforated 3218-3408' w/25 .42" holes as follows: 3218, 24, 38, 48, 57, 59, 78, 80, 82, 84, 94, 96, 3306, 12, 38, 40, 42, 62, 74, 78, 80, 82, 84, 3402 and 3408'. Acidized perms 3218-3408' w/4000 gals 15% HCL acid and 2-400# stages of block. Swabbed back load.

12-29-86. Set Howco cement retainer at 3166'. Squeeze to 350 psi w/350 sacks Class "C" with 2% CaCl2.

12-30-86. WIH and perforated 2842-3112' w/28 .42" holes as follows: 2842, 51, 2918, 22, 31, 35, 40, 45, 60, 63, 96, 3002, 04, 06, 08, 10, 12, 14, 16, 27, 45, 50, 77, 79, 90, 93, 3110 and 3112'. Acidized perms 2842-3112' w/3000 gals 15% HCL acid and 35 ball sealers. Swabbing back load.

ACCEPTED FOR RECORD

JAN 7 1987

CARLSBAD, NEW MEXICO

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

SIGNED [Signature] TITLE Production Supervisor DATE 12-31-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side