

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

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 ☐ GAS WELL ☒ OTHER ☐ RE-COMPLETE

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 So. 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State laws and regulations.
See also space 17 below.)
At surface

1980' FSL & 660' FWL, Sec. 29-T20S-R28E

14. PERMIT NO.

API #30-014-21017

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3239' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Set CIBP, Perforate, Treat

(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.)

12-3-86. WIH and perforated Strawn at 10368-380' w/2 SPF (24) .42" holes.

12-5-86. RIH w/CIBP and set at 10355' w/35' cement cap. WIH and perforated Strawn 10168-176' w/16 .42" holes.

12-6-86. Acidized perforations 10168-176' w/1500 gals 15% NEFE and N₂.

12-8-86. Well cleaned up and flowed 1100 psi on 3/8" choke = 3740 mcfpd.

ACCEPTED FOR RECORD

DEC 15 1986

Jm
CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Production Supervisor

DATE 12-10-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side