

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

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

c/8 7

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0489599
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL & 660 FEL, Sec. 13-21S-26E	8. FARM OR LEASE NAME ARCO "EI" Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3220' GR	10. FIELD AND POOL, OR WILDCAT Burton Flats Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 13-T21S-R26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

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

4-13-84. POOH w/tubing and packer. GIH w/2-3/8" N-80 new tubing and packer set at 11238'. Pressured perfs at 11248-252' to 5000#, unable to pump into. Pull packer above perfs 11223-28'. Swabbed small amount of gas on swab run. POOH w/tubing and packer. GIH w/tubing, packer and RBP to test perfs 11134-142'. Swabbed salt water and small amount gas. Set cement retainer at 11080'. Squeezed perfs 11134-142' w/100 sacks Class "H" .1% HR-4, .6% Halad-9, 2# KCL/sack. Squeezed to 4000#. Drilled out cement retainer at 11080', cement to 11144'. Test perfs 11134-142' w/2000# for 20 minutes, OK. POOH w/all tools. Dumped cement plug at 11257-240'. WIH and perforated 10974-11002½' w/18 .42" holes as follows: 10974, 79, 81, 82, 83, 85, 87, 88, 89, 90, 92, 93, 94, 95, 96, 97, 11000, 02½'. RIH w/tubing, packer and RBP. Test RBP to 1300#, OK. Acidized perfs 10974-11002½' w/2000 gallons 15% MSA acid, N2 and 16 ball sealers. Move RBP and packer. Treated perfs 11223-228' w/1000 gallons 7½% Moroflow acid and N2. Well producing from Morrow perforations at 10974-11002½' and 11223-11228'. PBTD 11240'. Well cleaned up and flowed 50 psi on 5/16" choke = 140 mcfpd.

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Supervisor DATE 5-7-84
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

Carlsbad NEW MEXICO *See Instructions on Reverse Side