

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIP
DATE
OTHER INSTRUCTIONS on reverse side

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

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to develop a well 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 Plugback & Recomplete 2. NAME OF OPERATOR Yates Petroleum Corporation 3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88201 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-T21S-R26E 14. PERMIT NO. API #30-015-21591 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3220' GR	5. LEASE DESIGNATION AND SERIAL NO. NM 0489599 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME ARCO EI Federal 9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT Undes. Bone Springs 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
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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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Plugback, perforate	(Other) <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.)*

4-17-89. Set CIBP at 8950' w/35' cement cap.
4-18-89. Perforated 7829-8218' w/22 .41" holes as follows: 7829, 31, 33, 35, 37, 7970, 73, 76, 80, 84, 8092, 97, 8104, 08, 23, 24, 30, 96, 99, 8206, 12 and 8218'.
Acidized perforations 7829-8218' in four stages with 4500 gals 15% NEFE acid.
Recovering load.

ACCEPTED FOR RECORD

MAR 2 1989
CARLSBAD, NEW MEXICO

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

SIGNED <i>Antonio S. Bedler</i>	TITLE Production Supervisor	DATE 4-19-89
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side