

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 01165	
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 1980 FNL & 660 FEL, Sec. 17-T20S-R29E		8. FARM OR LEASE NAME Williamson BC Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3317' KB		10. FIELD AND POOL, OR WILDCAT East Burton Flats Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 17-T20S-R29E	
		12. COUNTY OR PARISH Bddy	
		13. STATE NM	

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input checked="" 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) Perforate additional Morrow <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.) *

1-29-82. Moved in and RUPU. Set standing valve at 11798'.
1-31-82. Perforated Morrow 11513-11665' w/11 .50" holes as follows: 11513-15' (3 holes); 11624-32' (5 holes) and 11661-65' (3 holes). RIH w/packer and RBP.
2-3-82. Acidized well in 3 stages: 11661-65' w/500 gallons 7½% MS acid; 11624-32' w/1000 gallons 7½% MS acid and 11513-15' w/500 gallons 7½% MS acid. Moved RBP to 11781'. Moved packer and set at 11463'. RDPU. RU swab unit.
2-4-82. Began swabbing well.
2-8-82. Well stabilized at 75 psi on 1/4" choke.
2-9-82. Continued swabbing well. Well stabilized at 60 psi on 1/4" choke.
2-18-82. Frac'd well w/1000 gallons 7½% MS acid, followed w/15000 gallons 5% MS frac and CO2, plus 10000# 100 mesh and 32000# 20/40 sand. Perforations 11499-11665'.
2-19-82. Swabbed well down. Pull packer and RBP.
2-20-82. RIH w/packer and set 11463'.
2-24-82 - 3-3-82. Stabilized well at 50 psi on 1/4" choke. Rigged down swab unit.
3-4-82. Well returned to production. All perforations 11499-11867'.

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

SIGNED [Signature] TITLE Production Supervisor DATE 6-15-84
(This space for Federal or State office use)

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

JUN 22 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side