

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Form approved
Budget Bureau No. 1004-0115
Expires August 31, 1985

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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.)

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ARTESIA OFFICE

1. OIL ☐ GAS ☒ OTHER ☐
WELL ☐ WELL ☐
2. NAME OF OPERATOR
Yates Petroleum Corporation
3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2080' FNL & 1980' FWL, Sec. 13-T21S-R21E
14. PERMIT NO.
API #30-015-21997
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4561' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 26823
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Box Canyon Unit
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Little Box Canyon-Morrow
11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA
Unit F, Sec. 13-T21S-R21E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

Propose to unload well, stimulate if needed. X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED WORK, including 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.*

Perforations are 8229-38' and 8110-26'. Baker sliding sleeve at 8106-09' in closed position.

Propose to RIH with wireline tools and set blanking plug in on/off tool at 8145' KB, open sliding sleeve at 8109'. Unload well, oil and water. If needed, swab well and get stabilized flow. Will consider stimulation if needed.

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

SIGNED *Ry Anita Goodlett*

TITLE Production Supervisor

DATE 10-26-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side