

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)

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

25r

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	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 105 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL, Sec. 7-T20S-R29E	8. FARM OR LEASE NAME Williamson BC Federal
14. PERMIT NO. API #30-015-22049	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270' GR	10. FIELD AND POOL OR WILDCAT Winchester Upper Penn Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit K, Sec. 7-T20S-R29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
MAY 26 1987
O. C. D.
ARTESIA, OFFICE

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) <input type="checkbox"/>	(Other) <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.)*

5-5-87. WIH and perforated 10029-10034' and 10045-10051' with 22 .41" holes (2 SPF). Set RBP at 10156' and tested. Set packer at 9989'. Treated perforations 10029-10034' and 10045-10051' (22 holes) with 2500 gals 15% NEFE acid. Well cleaned up and flowed 120 psi on 3/16" = 110 mcf/gpd.

ACCEPTED FOR RECORD

MAY 19 1987

SJS
CARLSBAD, NEW MEXICO

Part FD-2
5-22-87
P+A Ato.

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

SIGNED Juanita Doudett TITLE Production Supervisor DATE 5-14-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side