

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other (Indicate
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO

NM 6005

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brainerd IO Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Box Canyon Permo Penn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit B, Sec. 1-T22S-R21E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐ GAS WELL ☒ OTHER

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

660' FNL & 1980' FEL, Sec. 1-22S-21E

14. PERMIT NO.

API #30-015-22149

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

ARTESIA OFFICE

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Perforate, Treat

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

This well is marginal in Cisco perforations 6212-30' and 6321-69'. Propose to perforate Wolfcamp limes at 5543-47' and 5601-15', stimulate as needed and commingle with existing perforations.

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

SIGNED

TITLE Production Supervisor

DATE 10-18-88

(This space for Federal or State office use)

ORIG. SGD. FAJ GIRI

APPROVED BY CHIEF, MINERAL RESOURCES

TITLE

DATE 10-31-88

CONDITIONS OF APPROVAL, IF ANY:

*Not approved for DHC.

SJS

*See Instructions on Reverse Side