

UNITED STATES
DEPARTMENT OF THE INTERIOR
LOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)
NMOCC COPYForm approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM 13968
6. IF INDIAN ALLOTTEE OR TRIBE NAME

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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FEB 7 1979

O. C. C.
ARTESIA, OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME Huber IA Federal
3. ADDRESS OF OPERATOR 207 S. 4th Street, Artesia, New Mexico 88210	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL 1270 FEL of Sec 15-21S-21E	10. FIELD AND POOL, OR WILDCAT Box Canyon - Strawn
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA P 15-21S-21E
15. ELEVATIONS (Show whether DF, RT, BR, etc.) 4564 KB	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other)

Downhole Commingle

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

It is proposed downhole commingle the Box Canyon - Strawn and the Box Canyon Permo Penn as approved by NMOCC Order No. R-5883, Case No. 6385. A standing valve will be installed in the Strawn packer at 6750', tubing unlatched and pulled, will pick up a second packer and a sliding sleeve, will run tubing and set upper packer at about 5750' with 1000' of tail pipe and a sliding sleeve, latch the 2 3/8" tail pipe (tubing) in on/off tool on Strawn packer; with sliding sleeve open 30' above Strawn packer the Permo Penn and Strawn completions will be commingled.

Propose to allocate commingled future production as follows:

Box Canyon Strawn Gas - 75%;	Condensate - None
Box Canyon Permo Penn Gas - 25%	Condensate - 100%

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

SIGNED

Eddie H. Mahford

TITLE

Engineer

DATE

12/31/79

(This space for Federal or State office use)

APPROVED BY

Joe J. Lara

TITLE

ACTING DISTRICT ENGINEER

DATE

FEB 6 - 1979

CONDITIONS OF APPROVAL, IF ANY: