

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instructions
verse side)

CATE-
ON RE-

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Re-entry		5. LEASE DESIGNATION AND SERIAL NO. NM 0486	
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 Big Eddy Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL * 19830 FEL, Sec. 21-T21S-R28E		8. FARM OR LEASE NAME Big Eddy Unit	
14. PERMIT NO.		9. WELL NO. 79-Y	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3238.6' KB		10. FIELD AND POOL, OR WILDCAT Wildcat Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 21-21S-28E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL 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)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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

7-10-84. WIH and perforated 3869-78' w/10 .41" holes. Acidized 3869-78' w/1500 gallons 15% NEFE acid and 10 ball sealers.
7-13-84. Frac perforations 3869-78' w/20000 gallons 70 Quality Form, 39000# 20/40 sand.
7-19-84. Ran rods and pumpjack. Pumping back load.

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

SIGNATURE Janita Goodlett TITLE Production Supervisor DATE 7-26-84
(This space for Federal or State office use)

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

AUG 1 1984

Carlsbad NEW MEXICO

*See Instructions on Reverse Side