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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

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JUN 18 1993

SUNDRY NOTICES AND REPORTS ON WELLS
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-3606

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lake Shore XH Fed Com No. 1

9. API Well No.

30-015-24478

10. Field and Pool, or Exploratory Area

Undesignated Atoka

11. County or Parish, State

Eddy Co., New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

YATES PETROLEUM CORPORATION

(505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FWL of Section 11-T21S-R26E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

13. 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.)*

Propose to add Atoka pay as follows:

1. Kill well and nipple down tree. Nipple up BOP. Drop standing valve and test tubing to 2500 psi. Retrieve standing valve and catch RBP at 10600'. Reset RBP at 10400' and test to 2000 psi. Set packer at 10250' and test annulus to 1000 psi.
2. Swab tubing down to 7200'.
3. Perforate Atoka from 10311-10317' and 10337-10348'.
4. Swab and flow test.
5. Acidize perforations 10311-10348' with 2500 gallons 15% NEFE HCL acid with ball sealers.
6. Swab and flow test.

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

Signed

Title Production Clerk

Date May 12, 1993

(This space for Federal or State office use)

Approved by

DRG SGO JOE G. LARA

Title

PRODUCTION ENGINEER

Date

JUN 14 1993

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED

(See other In-
structions on
reverse side)

BLM Roswell District
Modified Form No.
ND60-3160-3

45F

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 3606	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. REVR. <input checked="" type="checkbox"/> Other _____ RECOMPLETION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 105 South 4th st., Artesia, NM 88210		8. FARM OR LEASE NAME Lake Shore XH Federal Com	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1980' FWL, Sec. 11-21S-26E At top prod. interval reported below At total depth Same		9. WELL NO. 1	
9a. API Well No. 30-015-24478		10. FIELD AND POOL, OR WILDCAT Catalina Draw Atoka	
14. PERMIT NO.		11. SEC. T. R. M., OR BLOCK AND SURVEY Unit F, Sec. 11-T21S-R26E	
DATE ISSUED		12. COUNTY OR PARISH Eddy	
15. DATE SPUNNER RECOMPLETION 1-29-91		13. STATE NM	
16. DATE T.D. REACHED -		13. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.) 2-9-91		13. STATE NM	
18. ELEVATION (OF. HHR, RT, GR, ETC.)* 3184' GR		13. COUNTY OR PARISH Eddy	
19. ELEV. CASINGHEAD		13. STATE NM	
20. TOTAL DEPTH, MD & TVD 11301'		21. PLUG, BACK T.D., MD & TVD 10600'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVAL DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* 10484-10502' Atoka		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None for recompletion		27. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
20"		40'	26"
13-3/8"	48#	450'	17 1/2"
9-5/8"	35#	2663'	12 1/4"
5 1/2"	20 & 17#	11300'	7-7/8"
CEMENTING RECORD			
Redi-Mix			
600 sx			
1870 sx			
850 sx			
AMOUNT FULLED			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-7/8"	10400'	10400'	
31. PERFORATION RECORD (Interval, size and number)			
10484-491'; 10498-502' w/24 .38" holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
10484-10502'		w/2000g. 15% NEFE acid.	
33. PRODUCTION			
DATE FIRST PRODUCTION 2-9-91		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) Flowing	
DATE OF TEST 2-9-91		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKS SIZE 32/64"	PROD'N. FOR TEST PERIOD →	OIL--BBL. -
			GAS--MCF. 1400
			WATER--BBL. -
			GAS-OIL RATIO -
FLOW. TUBING PRESS. 180	CASING PRESSURE Pkr	CALCULATED 24-HOUR RATE →	OIL--BBL. -
			GAS--MCF. 1400
			WATER--BBL. -
			OIL GRAVITY-API (CORR.) -
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Gas sold - reconnected 2-13-91			
TEST WITNESSED BY Harvey Apple			
35. LIST OF ATTACHMENTS None for recompletion			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>James L. Dooden</i>		TITLE Production Supervisor	
DATE 2-13-91		DATE 2-13-91	

*(See Instructions and Spaces for Additional Data on Reverse Side)