

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 1 1991

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.

NM - 01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

YATES "C" FEDERAL
35

9. API Well No.

3001524696

10. Field and Pool, or Exploratory Area

UNDESIGNATED AVALON

11. County or Parish, State

EDDY

NM

1. Type of Well

☐ Oil
Well

☐ Gas
Well

☒ Other

SWD
WATER INJ

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 1600 MIDLAND, TX 79702 (915) 688-7509

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

563' FNL & 560' FEL, SEC 5, T21S - R27E

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 SWD

(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.)

8-8-91 MIRU

8-9-91 TO 8-12-91 DO CMT AND CLEAN OUT TO 3102'

8-13-91 PERFORATE 2702 TO 3098 1 SPF 88 SHOTS

8-14-91 ACIDIZE W/ 4200 GALS 7.5 % HCL

8-15-91 RIH WITH INJECTION PACKER AND CMT LINED TBG SET PAKCER @ 2650

8-16-91 WELL SHUT WAITING ON TIE-IN TO YATES SWD SYSTEM

10-2-91 WELL ON INJECTION

RECEIVED
OCT 22 12 57 PM '91
CARBONATE
AREA

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

Signed

Sharon B. Timlin

Title

Sharon B. Timlin
Sr. staff office assistant

Date

10/18/91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: