

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
SUBMIT IN TRIP  
Drilling, Production  
and Re-  
received by 88210

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

95F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or alter or repair a well.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 01165
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FSL & 1980 FEL, Sec. 17-T20S-R29E	8. FARM OR LEASE NAME Williamson BC Federal
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3291' GR	10. FIELD AND POOL, OR WILDCAT East Burton Flats Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 17-T20S-R29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate, Treat</u> <input checked="" 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.)\*

- 5-23-84. TD 12100'. Drilled out DV tools at 5989' and 8800'. Clean out to 12000'. DV tools tested to 2000# after drill out.
- 5-25-84. Perforated 11510-11536' w/82 .50" holes as follows: 11510-16 and 11519-36' (4 SPF). Set packer and flanged up. Gas TSTM.
- 5-31-84. Released packer. RIH w/tubing and packer. Acidized perforations 11510-536' w/2000 gallons 7½% Morflow acid and N<sub>2</sub> plus ball sealers.
- 6-5-84. Frac'd perforations 11510-536' w/1000 gallons 7½% Morflow acid, followed w/ 20000 gallons gelled 3% acid, plus 5000# 100 Mesh and 30000# 20/40 sand. Flowing well back. Recovering load.

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

SIGNED [Signature] TITLE Production Supervisor DATE 6-6-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL JUN 12 1984

NEW MEXICO \*See Instructions on Reverse Side

RECEIVED BY  
JUN 13 1984  
O. C. D.  
ARTESIA, OFFICE

RECEIVED  
JUN 14 1984  
O.C.D.  
HOBBS OFFICE