

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)  
88210

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

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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"/>	<div>RECEIVED BY JUL 2 1985 C. C. D. ARTESIA, OFFICE</div>	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 980 FSL & 1980 FEL, Sec. 21-R21S-R28E		8. FARM OR LEASE NAME Big Eddy Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3211' GR	9. WELL NO. 109-Y
		10. FIELD AND POOL, OR WILDCAT Undes. Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 21-21S-28E
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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) Perforate, Treat <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.) \*

6-4-85. TD 6030'. RUPU. Pulled rods, tubing and anchor. WIH and perforated 5456½-5600' w/17 .50" holes as follows: 5456½, 57, 69, 71½, 92, 96, 97, 98, 99, 5501, 11, 12, 5596, 97, 98, 99 and 5600'.  
6-6-85. Acidized perfs 5596-5600' (5 holes) w/1000 gals 7½% acid + 2% HF and 4 ball sealers. Acidized all perfs 5456½-5600' w/1500 gals 7½% acid + 2% HF and 20 ball sealers.  
6-7-10-85. Swabbed well.  
6-11-85. Frac'd (via 5-1/2" casing) perfs 5456½-5600' (17 holes) w/30000 gals gelled KCL water, 60000# 12/20 sand and 1000 gals 15% NEFE acid.  
6-12-85. Recovering load.

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

SIGNED *Carita Doodlett*

TITLE Production Supervisor

DATE 6-14-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DATE

JUN 28 1985

\*See Instructions on Reverse Side