

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

C/SF

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"/>		RECEIVED BY JUL 2 1985 O. C. D. ARTESIA OFFICE	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 1930 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:		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"/>
FRACUTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACUTURE 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) Perforate, Treat <input checked="" 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.) *

6-18-85. TD 6030'. WIH and perforated 3552-4130' w/42 .42" holes as follows: 3552, 54, 56, 57, 58, 59, 63, 65, 66, 67, 72, 74½, 77, 83, 84, 86, 88, 91½, 94, 96, 3864, 65, 67, 68, 70, 71, 73, 74, 75, 76, 77, 78, 4117, 18, 20, 21, 23, 25, 26, 27, 29 and 30'. Acidized perms 3552-4130' (42 holes) w/5500 gallons 7½% Spearhead + 2% HF acid.

6-20-85. Frac'd (via 5-1/2" casing) with 60000 gallons gelled water, 120000# 20/40 sand, 1500 gallons 7½% NEFE acid.

6-21-85. Set pumping equipment.

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

SIGNED *Quante Goodlett*

TITLE Production Supervisor

DATE 6-27-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

Li X
JUN 28 1985

*See Instructions on Reverse Side