

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO  
NM 58145  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.  
Use "APPLICATION FOR PERMIT" for such proposals.)

FEB 17 '88

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐  
2. NAME OF OPERATOR Yates Petroleum Corporation  
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface 1960' FNL & 1550' FEL  
14. PERMIT NO. API #30-015-25865  
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3306' GR

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME Springs AEU Federal Com  
9. WELL NO. 1  
10. FIELD AND POOL, OR WILDCAT Undes. Springs Morrow  
11. SEC., T., R., M., OR BLK. AND SURVEY OR ABMA Unit G-  
Lot 7, Sec. 3-T21S-R25E  
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  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)  
PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other) To report H<sub>2</sub>S  
REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*  
X

(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.)

2-2-88. Had drilling break 491-501'. Bottoms up had 700+ ppm H<sub>2</sub>S. Evacuated rig. Waited on Callaway Safety to secure area with breathing equipment and H<sub>2</sub>S monitors. Picked up RTTS tool. Set at 250'. Estimated injection rate 3 BPM @125 psi. Pumped 100 sx Class C Neat and 200 sx Class C with 2% CaCl. PD 9:00 PM 2-2-88. WOC 15 minutes. Pressured up to 125 psi. WOC 15 minutes. Pressured up to 125 psi. WOC 45 minutes. Pressured up to 90 psi. Pulled RTTS. WOC.  
\*\* At 3:00 PM (prior to squeeze) H<sub>2</sub>S had dropped off to 0 ppm.

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

SIGNED Dee Winter Goodlett TITLE Production Supervisor

DATE 2-3-88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side