

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☐ 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 Surface - 330' FSL & 1650' FWL, Sec. 12-T20S-R29E
TD - 736' FNL & 526' FWL, Sec. 13-T20S-R29E

14. PERMIT NO. API #30-015-25978

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3321.1' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 55125

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Eland AFC Federal Com

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT East Burton Flat Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 12-20S-29E

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) Perforate additional Strawn XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(Other) _____

(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.)*

Propose to pull tubing and packer. RIH w/RBP and packer, set RBP at about 10980' and test. Set packer at about 10800'.
Perforate Upper Strawn lime at 10876, 79, 82, 83, 84 and 10898-907', total 15 holes.
Swab well. Get stabilized flow. If stimulation needed, acidize w/2500 gal 15% NEFE.

RECEIVED
MAY 5 11 29 AM '89
CARLISLE
ARIZONA

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

SIGNED Deanna J. Soodler TITLE Production Supervisor

DATE 5-4-89

(This space for Federal or State office use)

APPROVED BY Shirley S. Soodler
CONDITIONS OF APPROVAL, IF ANY:

FOR: CHIEF, MINERAL RESOURCES
TITLE

DATE 5-15-89

*See Instructions on Reverse Side