

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
JUN 11 1989
OIL & GAS DIVISION
SUBMIT IN TI
(Other Instruct
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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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 55125
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 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 Surface - 330' FSL & 1650' FWL, Sec. 12-T20S-R29E TD - 736' FNL & 526' FWL, Sec. 13-T20S-R29E	8. FARM OR LEASE NAME Eland AFC Federal Com
14. PERMIT NO. API #30-015-25978	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3321.1' GR	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

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 type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Perforate, Treat, Squeeze	<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.)

5-3-89. MI, RUPU. TOOH w/tubing and packer. TIH to 10975' and set RBP. Tested to 3000 psi. POH to 10785' and set packer, tested to 3000 psi.
5-5-89. Perforated 10876-10907' w/15 .33" holes as follows: 10876, 79, 82, 83, 84, 10898, 99, 10900, 01, 02, 03, 04, 05, 06 and 10907'.
5-6-89. Attempted to acidize perfs 10876-907'. Backside would not load. Found hole approx 3630'. Set retainer at 3550'. Cemented w/300 sx Class C + .3% Halad 322 + 2% CaCl. Stung out of retainer. SI overnight. Drilled out retainer and 90' cement. Circulated hole clean. Tested squeeze to 1000 psi, OK.
5-10-89. Acidized perfs 10876-907' (15 holes) w/2500 gals 15% NEFE acid.
5-11 - 5-22-89. Swabbed well and tested.
5-23-89. ND wellhead, NU BOP. Released packer. Circulate hole w/brine water. TIH to 10930'. Set packer. Tested RBP to 3000 psi, OK. Unset packer. Spot 3 sx sand on RBP. TOH w/tubing and packer. Set cement retainer at 10834'. Pumped 100 sx Class H w/.8% Halad-9. Squeezed perfs 10876-907' to 4000 psi. Reversed out 35 sx. SI overnight.
5-24-89. Drill out cement retainer at 10834' and 83' of cement. Tested squeeze to 1000 psi, OK. Circulated sand of top of RBP.
5-26-89. Swabbed well. Had show of gas on swab.

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

SIGNED John Anita Doodler

TITLE Production Supervisor

DATE 5-31-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS