

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT ON TRI-DATE
(Other instructions on
reverse side) CCM-BOSTON

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 <input type="checkbox"/>	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 1980' FSL & 990' FWL	5. LEASE DESIGNATION AND SERIAL NO NM 15881	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Slinkard UR Federal Com	9. WELL NO. 3	10. FIELD AND POOL Undesignated Morrow	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 12-T20S-R29E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. API #30-015-26038				15. ELEVATIONS (Show whether DF, RT, GH, etc.) 3315.8' GR				RECEIVED MAY 15 '89 O. C. D. ARTESIA, OFFICE				

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 PLANE	<input type="checkbox"/>
(Other)			

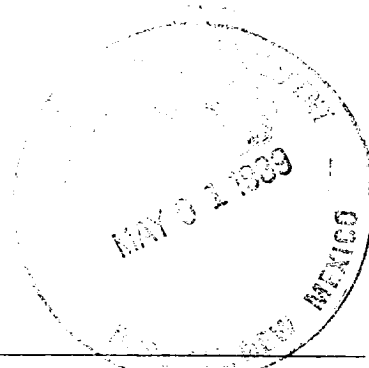
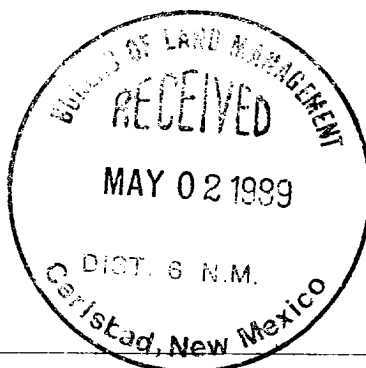
SUBSEQUENT REPORT OF:

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) Set production casing			<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.)*

TD 12280'. Reached TD 4-4-89. Ran 293 joints 5-1/2" casing as follows: 38 jts 5-1/2" 20# N-80 LT&C; 221 joints 5-1/2" 17# N-80 LT&C and 34 joints 5-1/2" 20# N-80 LT&C (total 12311') casing set 12280'. Float shoe set 12280'. Float collar set 12236'. Marker joints at 11585' and 10556'. Cemented w/750 gals WMW-1, 10 bbl Spacer, 750 gals Sure Lock, 10 bbl spacer. Tailed in w/900 sxs Class H with 1% Flolock (yield 1.18, weight 15.6). PD 12:00 PM 4-6-89. Bumped plug to 2100 psi for 3 minutes. Float and casing held okay.
4-13-89. Perforated 11800-805' w/10 .42" holes (2 SPF). Acidized perfs 11800-11805' (10 holes) with 1000 gals 7 1/2% Morrow acid.
4-24-89. Frac'd perfs 11800-11805' (10 holes) via 2-7/8" tubing with 14,000 gals Crosslinked 2% KCL water and 20000# Interprop + CO₂.



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

SIGNATURE *James A. Vetter*

TITLE Production Supervisor

DATE 4-28-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO