

RECEIVED BY DEPARTMENT OF THE INTERIOR

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL (Other instructions verse side)

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. **ARTESIA, OFFICE** ☒ **RE-ENTRY**

2. **NAME OF OPERATOR**
Yates Petroleum Corporation

3. **ADDRESS OF OPERATOR**
207 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
960 FNL & 1980 FWL, Sec. 31-T23S-R26E

15. **ELEVATIONS** (Show whether DF, RT, GR, etc.)
3766' GR

5. **LEASE DESIGNATION AND SERIAL NO.**
NM 23759

6. **IF INDIAN, ALLOTTEE OR TRIBE NAME**

7. **UNIT AGREEMENT NAME**

8. **FARM OR LEASE NAME**
North White City ABP Federal

9. **WELL NO.**
1

10. **FIELD AND POOL, OR WILDCAT**
Wildcat

11. **SEC., T., R., M., OR BLK. AND SURVEY OR AREA**
Unit C, Sec. 31-23S-26E

12. **COUNTY OR PARISH**
Eddy

13. **STATE**
New Mexico

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)			

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Perforate, Treat</u>			<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.)*

- 1-22-85. Swabbed dry (zones 5153-74' and 5236-5309'). Set CIBP's at 7900', 6100' and 5100' w/35' cement dumped on each plug.
- 1-23-85. Cut casing off at 4998' and laid down. Perforated 4516-22' w/12 .50" holes (2 SPF). Ran packer and RBP. RBP set 4595'.
- 1-24-85. Acidized 4516-22' w/1000 gals MCA acid and 2% KCL, plus 10 ball sealers.

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

SIGNED Guillermo S. Soderstrom TITLE Production Supervisor DATE 1-25-85

(The space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 28 1985

*See Instructions on Reverse Side