

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

C/SF

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 and State requirements. See also space 17 below.) At surface 960 FNL & 1980 FWL, Sec. 31-T23S-R26E	5. RECEIVED BY JAN 27 1986 O.C.B. ARTESIA, OFFICE	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 - Delano	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 31-23S-26E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. API #30-015-20144	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3766' GR											

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

Work began 12-18-85.
Set CIBP at 4200'. Set cement retainer with wireline at 4085' w/cement on top.
Squeezed perms 4102-14' w/100 sacks cement.
Perforated 3712-19' w/10 .50" holes. Acidized perms 3712-19' w/1500 gals NEFE acid and 8 ball sealers. Swabbed to recover load.
Perforated 4060-78' w/15 .50" holes as follows: 4060, 61, 62, 63, 64, 66, 67, 68, 69, 70, 71, 72, 75, 76 and 78'.
Acidized perms 4060-78' w/1500 gals 15% NEFE acid and 10 ball sealers.
Returned well to production 12-31-85.

ACCEPTED FOR RECORD

Guo
JAN 28 1986

CERTIFIED TRUE AND CORRECT

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

SIGNED *Guo* TITLE Production Supervisor DATE 1-20-86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side