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RECEIVED BY DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
JUL 3 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.)
O.C.D.

1. NAME OF OPERATOR: ARTESIA, OFFICE NM OIL CONS. COMMISSION
Drawer 00

2. NAME OF OPERATOR: Yates Petroleum Corporation ✓ Artesia, NM 88210

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
560 FSL & 660 FEL, Sec. 8-T26S-R30E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3073' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 31649

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Melson ZS Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undes. Delaware

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Unit P, Sec. 8-T26S-R30E

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

5-1-85. TD 7400'. Set pump jack. Bagan pumping well.
5-12-85. First oil reported to BLM.
6-3-85. RUPU. POOH w/pump and rods. WIH and perforated 5601-09' w/9 .50" holes.
6-4-85. Acidized perms 5601-09' w/1000 gals 7½% Spearhead acid + 10 ball sealers.
6-5-6-85. Swabbed well.
6-7-85. WIH and perforated 5497-5508' w/12 .50" holes. Acidized perms 5497-5508' w/1500 gals 7½% Spearhead acid and 15 ball sealers.
6-10-85. Sand frac'd (via 2-7/8" tubing) perms 5601-09' w/20000 gals gelled KCL water, and 20000# 12/20 sand. Sand frac'd perms 5497-5508' w/20000 gals gelled KCL water and 20000# 12/20 sand.
6-11-85. Set pumping equipment. Return well to production.

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

SIGNATURE [Signature] TITLE Production Supervisor DATE 6-14-85

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

JUL 1 1985

*See Instructions on Reverse Side