

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
OFFICE FOR NUMBER OF COPIES REQUIRED
(See instructions on reverse)

RM Roswell District
Modified Form No.
NMOG-3160-4

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.)

RECEIVED
APR 19 1990

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. AREA AND PHONE NO. 505/748-1471	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Catterson SS Federal Com	
5. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 990' FEL, Sec. 7-T7S-R26E		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
14. PERMIT NO. 30-005-62758		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649.5' GR	
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit A, Sec. 7-T7S-R26E		12. COUNTY OR PARISH Chaves	
		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 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) Production Casing, Perforate	<input checked="" type="checkbox"/>		
(Other)				(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 4300'. Reached TD 3-23-90. Ran 102 joints 4-1/2" 9.5# J-55 ST&C casing set 4300'. Guide shoe set 4300'. float collar set 4257'. Cemented w/450 sx Pacesetter Lite C 65/35/2 + .7% CF-1, 1/2#/sx Celloseal+5#/sx Salt + 5#/sx Hiseal (yield 1.39, wt 14.2). PD 4:00 PM 3-24-90. Bumped plug to 1650 psi for 30 minutes, float and casing held okay. WOC 18 hrs. Perforated 3940-44' w/5 .41" holes (1 SPF). Acidized perfs 3940-44' w/750 gals 7 1/2% NEFE. Perforated 3704-32' w/10 .41" holes: 3704, 05, 10, 11, 12, 27, 28, 29, 31 and 32. Perforated 3785-99' w/4 .41" holes: 3785, 86, 98, and 99'. Perforated 3837-58' w/12 .41" holes: 3837, 38, 39, 40, 41, 42, 52, 53, 54, 55, 56 and 3858'. Acidized in 3 stages w/2500 gals 7 1/2% NEFE acid. Straddle all perforations 3704-3944' and swabbed.

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

SIGNED [Signature]

TITLE Production Supvr.

DATE 4-3-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

