

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUBMIT WORK TO:
Other: Instruct on re-
view side DD
Artesia, NM 88210

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	JUL 19 1984 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 39755
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780 FNL & 1980 FEL, Sec. 25-T4S-R14E		8. FARM OR LEASE NAME Boggle ZH Federal
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat - Pre Completion
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 25-4S-14E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6014' GR	12. COUNTY OR PARISH Lincoln
		13. STATE NM

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)	Production Csg. Perforate		<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.)

5-15-84. TD 2362'. Ran 63 jts of 4-1/2" 9.5# J-55 ST&C casing set 2658'. 1-regular guide shoe set 2658'. Float collar set 2616'. Cemented w/415 sacks Class "C", .5% CF-1, .2% AF-S, 2% KCL. Compressive strength of cement - 950 psi in 12 hrs. PD 8:30 AM 5-15-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. WOC 18 hrs.

6-1-84. WIH and perforated 2286-2402' w/23 .50" holes as follows: 2286, 88, 90, 92, 94, 96, 98, 2300, 32, 35, 38, 41, 44, 47, 53, 56, 95, 96, 97, 98, 2400, 01 and 02'.

6-2-84. Acidized perforations 2286-2402' w/5000 gal 7 1/2% MS acid, 5000 gal CO2 and ball sealers.

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

SIGNED Granita Goodlett TITLE Production Supervisor DATE 7-11-84

(This space for Federal or State office use)

APPROVED BY JOHN W. CHESTER TITLE _____ DATE _____

JUL 17 1984

*See Instructions on Reverse Side