

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLI  
(Other instructions  
verse side)TE  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-16369

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates-Federal "69" 1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sawyer (West) San Andres

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 23, T9S, R37E

12. COUNTY OR PARISH

Lea

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Flag-Redfern Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 23, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface 1874' FWL &amp; 766' FSL Section 23, T-9-S, R-37-E

14. PERMIT NO.

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

3964' Gr

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(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 data 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.)\*

Moved in completion unit. Ran Gammaray Correlation log. Perforated with 1 3/8" jet @ 4975, 79, 82, 86, 87, 89, 92, 93, & 97. Acidized W/2000 gal 20%, 3000 gallon 15%, 2000 gallons 3% in two stages W/200 lbs benzoic acid flakes between stages. Casing pressure 1400#-2500#. Tubing pressure 2500# - 2800#. ISIP 1400#. 15 minute SIP 1250#. AIR 4.5 BLM. Final swab test 12.4 BF hour W/70% oil. Installed pumping unit.

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

SIGNED

TITLE Production Manager

DATE 4-6-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 9 1973

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO