

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

NM 36489

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME Bluestem ZL Federal
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL & 2310 FEL, Sec. 20-T8S-R38E	10. FIELD AND POOL, OR WILDCAT Undes. Bluiitt San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 20-T8S-R38E	12. COUNTY OR PARISH Roosevelt
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, R, GR, etc.) 3976' GR

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"/>	

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) Perforate, Trt Upper zone <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.)*

6-25-84. TD 4940'. WIH and perforated 4635-69' w/10 .42" holes as follows:
4635, 37, 42, 44½, 47, 56, 59, 62, 64½, 69'. Treated perforations 4635-69'
w/2000 gallons 20% NEFE acid and 15 ball sealers. Swabbing back load.

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

SIGNED Pamela Goodlett

TITLE Production Supervisor

DATE 6-26-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER
CONDITIONS OF ACCEPTED FOR RECORD

TITLE

DATE

JUN 29 1984

*See Instructions on Reverse Side

RECEIVED

JUL 11 1984

O.C.D.
HOBBS OFFICE