

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
verse side)

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

LEASE DESIGNATION AND SERIAL NO.

NM 36490

INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Flatsedge ZR 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 766 FNL & 1874 FWL, Sec. 21-T8S-R38E		10. FIELD AND POOL, OR WILDCAT Undes. Bluitt SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3977.2' GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 21-8S-38E	
		12. COUNTY OR PARISH Roosevelt	
		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)	<input type="checkbox"/>		<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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

6-10-84. TD 4960'. Ran 119 jts of 5-1/2" 14# J-55 ST&C casing set 4960'. 1-regular guide shoe set 4960'. Float collar set 4944'. Cemented w/240 sacks Class C, .5% CF-1, .2% AF-S and 3% KCL. Compressive strength of cement - 900 psi in 12 hrs. PD 1:45 AM 6-10-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. WOC.
6-14-84. WIH and perforated 4781-4806' w/10 .42" holes as follows: 4781, 83, 87, 91, 95, 97, 99, 4802, 04 and 06'. Acidized perforations w/2000 gallons 20% NEFE acid and 15 ball sealers.
6-19-84. WIH and perforated 4703-41' w/10 .42" holes as follows: 4703, 06, 12 1/2, 23, 25, 27, 33, 38, 39 1/2, and 41'. Acidized perforations 4703-41' w/2000 gal 20% NEFE acid and 15 ball sealers.
6-25-84. WIH and perforated 4643-76' w/10 .42" holes as follows: 4643, 46, 49, 52 1/2, 55, 57, 59 1/2, 69, 72 and 76'. Acidized perforations 4643-76' w/2000 gal 20% NEFE acid and 15 ball sealers.

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 6-26-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER ACCEPTED FOR RECORD TITLE PETER W. CHESTER DATE JUN 29 1984

CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

JUN 29 1984

*See Instructions on Reverse Side

RECEIVED

JUL 11 1984

HOBBES CELL