

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other Instructions
First Side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
NM 0256521

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 Drilling Company	8. FARM OR LEASE NAME Burkitt Federal
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FNL & 990 FWL, Sec. 34-T12S-R31E	10. FIELD AND POOL, OR WILDCAT Undes. Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit E, Sec. 34-12S-31E
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4222' GR	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"/>
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"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Production Csg. Perforate, TRT</u>	

(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.) *

5-10-84. TD 2850'. Ran 71 joints of 5-1/2" 14# and 15.5% J-55 casing as follows; 70 joints of 5-1/2" 14# J-55 ST&C; 1 joint 5-1/2" 15.5# J-55 ST&C set 2845'. 1-float shoe set 2845'. Cemented w/250 sacks Class "C" 1% CaCl₂, 1/4#/sack flocele. Compressive strength of cement - 1200 psi in 12 hours. PD 5:25 PM 5-10-84. Bumped plug to 1000# for 30 minutes, released pressure, float and casing held okay. WOC 18 hours. WIH and perforated 2754-60' w/12 .41" holes (2 SPF). Ran packer to 2760'. Spotted 100 gallons acid. Pulled packer to 2711'. Frac'd w/750 gallons 15% HCL acid, 15000 gallons gel Frac-30, 5000 gallons CO₂, 17000# (2500# 12/20 and 14500# 20/40) sand.

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

SIGNED Peter W. Foster

TITLE Production Supervisor

DATE 5-29-84

(This space for Federal or State office use)

APPROVED BY PETER W. FOSTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 4 1984

*See Instructions on Reverse Side

RECEIVED BY

JUN 05 1984

O. C. D.

ARTESIA, OFFICE

RECEIVED

JUN 11 1984

O.C.D.

HOBBS OFFICE