

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPJ...  
(Other: Instructor  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Garner Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

SE Chaves Qn Gas Area Assoc.

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

Unit J, Sec. 34-12S-31E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Yates Drilling Company

3. ADDRESS OF OPERATOR  
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

2310 FSL & 2310 FEL, Sec. 34-T12S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, or, etc.)

4430' GR JUN 12 1984

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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. WIH and perforated 2982-2990' w/17 .50" holes.

5-11-84. Frac'd w/750 gallons 15% HCL acid, 15000 gallons gel water, 5000 gallons CO2, 18200# (16500# 20/40 and 1700# 12/20) sand.

5-12-84. Swab testing.

I hereby certify that the foregoing is true and correct

SIGNED Peter W. [Signature]

TITLE Production Supervisor

DATE 6-4-84

(This space for Federal or State office use)  
ACCEPTED FOR RECORD

APPROVED BY PETER W. [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 12 1984

\*See Instructions on Reverse Side

RECEIVED  
JUN 13 1984  
O. C. D.  
ARTESIA, OFFICE

RECEIVED  
JUN 14 1984  
O. C. D.  
HOLLAND