

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-015807
2. NAME OF OPERATOR Yates Drilling Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th Street, Artesia, N.M. 88210 See also space 17 below At surface 330' FSL & 1980' FEL	7. UNIT AGREEMENT NAME
10. ADDRESS OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) 1880	8. FARM OR LEASE NAME Garner Federal
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-12S-31E	9. WELL NO. 4
12. COUNTY OR PARISH Chaves	10. FIELD AND POOL, OR WILDCAT S.E. Chaves Queen
13. STATE N.M.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4433' GR	13. STATE N.M.

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"/>
FRAC TUBE 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:			

SUBSEQUENT REPORT OF:

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: Production Csg. and Perforate	<input checked="" type="checkbox"/>		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

- 0/84 TD 3108'. Ran 75 jts. of 5 1/2" 14# J-55. Csg. set at 3108'. Float shoe set 3108'. Pumped 420 gals. chemical wash and lead slurry, 75% "C" 25% Poz, 5#/sx. salt and 1% CaCl₂, 1/4#/sx flocele. Tailed in w/ 250 sx. Class "C" 1% CaCl₂. Compressive strength of cement 950 psi in 12 hrs. PD 9:30 P.M., 6/29/84. Bumped plug to 1000 psi for 30 min., released pressure, float and csg. held okay. WOC/8 hrs.
- 3/84 WIH and perforated 2989-2997' with 18 .50" holes (2 SPF). Acidized w/ 1000 gals. 15% HCL acid. Frac'd w/ 35000 gals 25# Co₂ and Frac 30, and w/ 75000# (43000# 20/40 and 22000# 12/20) sand.
- 15/84 Swab Testing.



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

SIGNED [Signature] TITLE Production Clerk DATE 7/9/84
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE CHESTER DATE JUL 17 1984
CONDITIONS OF APPROVAL

*See Instructions on Reverse Side

REC'D JUL 19 1984
O. C. D.
ARTESIA OFFICE

RECEIVED

JUL 23 1984

O. C. D.
HOURS OFFICE