

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. C Cons. Division

P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Yates Drilling Company

3. Address and Telephone No.

105 South 4th Street, Artesia, NM 88210 (505-748-4500)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 660' FEL Section 34-12S-31E

5. Lease Designation and Serial No.

NM-90584

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Garner Federal #10

9. API Well No.

30-005-21139

10. Field and Pool, or Exploratory Area

SE Chaves QN Gas Area Assoc

11. County or Parish, State

Chaves, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

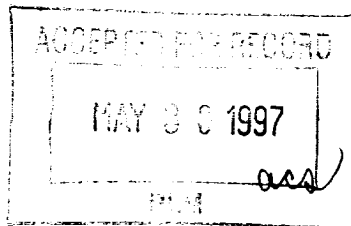
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Frac. Well

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

- 5-15-97 RUPU. TOH with rods and pump. Flanged up frac valve.
5-16-97 Frac'd well thru perfs. 2984'-2996' (Queen) with 31,800# 16/30 sand & 3,500# 12/20 sand. ISIP 1730#, 5 min. 1710#, 10 min. 1695#, 15 min. 1682#.
5-17-97 Installed 2" choke. Casing pressure 900 psi. Flowing back well.



RECEIVED
1997 MAY 22 10 23 AM
BUREAU OF LAND MGMT.
ROSWELL OFFICE

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

Signed Karen J. Leishman Title Engineering Technician

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date 5-20-97

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

