

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse 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"/> RE-ENTRY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME Chambers ADX Federal
3. ADDRESS OF OPERATOR 105 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 660' FNL & 1980' FEL, Sec. 33-T14S-R35E	10. FIELD AND POOL, OR WILDCAT E. Morton Wolfcamp
14. PERMIT NO. API #30-025-25601	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit B, Sec. 33-T14S-R35E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4013.6' GR	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Perforate, Treat

(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.)*

9-9-86. WIH and perforated 10386-96' w/11 .50" holes. Acidized perforations 10386-96' w/1500 gals 15% NEFE acid and 10 ball sealers.

9-10-86. Swabbed and flowed back load.

9-11-14-86. Continue to swab and test.

9-15-86. Re-acidized perforations 10386-96' w/5000 gals pad, 10000 gals 20% CRA and 5000 gals over-flush.

ACCEPTED FOR RECORD

SWD
SEP 26 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Antonia D. Delt* TITLE Production Supervisor

DATE 9-17-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side