

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
TERRIS, NEW MEXICO 88240

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 36485
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 So. 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL & 990 FEL, Sec. 24-T7S-R32E		8. FARM OR LEASE NAME Folly Z0 Federal
PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4442.1' GR		10. FIELD AND POOL, OR WILDCAT Chaveroo SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 24-7S-32E
		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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"/>
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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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

17. DETAILS OF 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.)\*

8-1-84. Treated perforations 4114-4338' (via tubing and casing) with 4500 gallons Methanol, 42 ball sealers, 3000 gallons 5% acid and flush with 65 bbls 1% KCL water.  
8-2-84. Set pumping equipment.

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

SIGNED Armenta D. Dett TITLE Production Supervisor DATE 10-15-84

(This space for Federal or State office use.)

APPROVED BY APPROVED BY TITLE APPROVED BY DATE APPROVED BY

NOV 6 1984

\*See Instructions on Reverse Side