

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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. GIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Folly "Z0" Federal	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		WELL NO. 1	
4. 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		10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4442.1' GR	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 24-T7S-R32E		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"/>		<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) Production Casing, Perforate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)*

6-11-84. TD 4525'. Ran 107 jts of 5-1/2" 9.5# J-55 casing set 4522'. 1-regular guide shoe set 4522'. Float collar set 4480'. Cemented w/250 sacks Class "C" with .5% CF-1, .2% AF-S and 2% KCL. Compressive strength of cement - 950 psi in 12 hrs. PD 7:30 AM
6-11-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing hld okay. WOC 18 hrs.
6-16-84. WIH and perforated 4303-38' w/12 .40" holes as follows: 4303, 07, 09, 15, 19, 21, 23, 25, 27, 30, 32 1/2 and 38'. Acidized perforations 4303-38' w/2500 gallons 20% NEFE acid.
6-21-84. WIH and perforated 4186-4238' w/10 .42" holes as follows: 4186, 91, 4203, 07, 11, 13, 19 1/2, 26, 32 and 38'.
6-22-84. Acidized perforations 4186-4238' w/3000 gallons 20% NEFE acid and 15 ball sealers.
6-28-84. WIH and perforated 4114-56' w/10 .42" holes as follows: 4114, 19, 21, 36, 39, 47, 49, 51, 54 and 56'. Acidized perforations 4114-56' w/2500 gallons 20% NEFE acid.
6-30-84. Swab testing well.

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

SIGNED *Peter W. Chester*

TITLE Production Supervisor

DATE 7-5-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

JUL 10 1984

*See Instructions on Reverse Side