STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION P. O. BOX 2088		Form C-103
DISTRIBUTION P. O. BOX 2088 SANTA FE SANTA FE, NEW MEXICO 87501 FILE U.S.O.S. LAND OFFICE OFERATOR	Sa. Indicate Type State 5. State Oil & Ga	Foo X
SUNDRY NOTICES AND REPORTS ON WELLS 100 NOT USE THIS FORM FOR PROPOSALS TO DAILL OR TO DEEPEN OR PLUE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALE.)	7. Unit Agreement Name	
OIL X GAS OTHER-	8. Farm or Lease	Name
Name of Operator Yates Petroleum Corporation	Howard XY 9. Well No.	
Address of Operator 207 South 4th St., Artesia, NM 88210	3	
Location of Well	10. Field and Po Tomahawk	ol, or Wildcat SA
L 1650 South 330 West 17 75 32E THE LINE, SECTION TOWNSHIP 75		
4460' GR	12. County Roosevelt	
Check Appropriate Box To Indicate Nature of Notice, Report or Otl NOTICE OF INTENTION TO:	ner Data FREPORT OF:	
PERFORM REMEDIAL WORK		ING CASING
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	lg, Perforat	e, Treat X
01KEP		
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) str NULE 1103. TD 4325'. Ran 99 jts of 4-1/2" 9.5# J-55 ST&C casing set 4325'. Regular guide shoe set 4325'. Float collar set 4280'. Cemented w/275 sx Class "C", .3% CFR-2, .3% Halad-4. Compressive strength of cement - 950 psi in 12 hrs. PD 8:10 AM 7-26-84. Bumped plug to 1000# for 30 minutes, released pressure, held OK. WOC 18 hrs. WIH and perforated 4243¹/₂-57' w/10 .42" holes as follows: 4243¹/₂, 46¹/₂, 49¹/₂, 51, 52, 53, 54, 55, 56 and 57'. Acidized 4243¹/₂-57' w/1500 gal 20% DS-30. Perforated P2 zone at 4134-99¹/₂" w/15 .42" holes as follows: 4134, 36, 37¹/₂, 39, 46, 52, 58¹/₂, 63, 65¹/₂, 71, 74, 76, 84¹/₂, 98, 99¹/₂". Acidized zone w/2000 gal 20% DS-30. WIH and perforated P1 zone at 4038-77' w/10 .42" holes as follows: 4038, 46¹/₂, 53, 56, 59, 62, 69, 71, 74 and 77'. Acidized perfs 4038-77' w/1500 gal 20% DS-30 and 15 ball sealers. Swab testing. 		
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8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		<u></u>
Inte Licandante de dlat TITLE Production Supervisor	BATE8-2	
Eddie W. Seay	AU	G 29 1984
ONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

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AUG 28 1984

nco hosz orta