

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

J. LEASE DESIGNATION AND SERIAL NO.

NM 15920

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Howe TG Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

EK Bone Springs

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Unit N, Sec. 30-18S-34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

810 FSL & 1830 FWL, Sec. 30-T18S-R34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3882' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) 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.)\*

Propose to perforate Bone Springs interval 8747-75' with 10 holes.

Run tubing, packer, RBP. Set RBP at approximately 9050' and test to 5000#.

Acidize perms 8747-75' with 2500 gals 15% acid and ball sealers.

Note: Producing interval is Bone Springs 9495-9541'.

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

SIGNED Janita D. Dutton TITLE Production Supervisor

DATE 8-15-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side