

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other WORKOVER

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.

105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit J, 1980' FSL & 1980' FEL, Sec. 17-T22S-R32E

5. Lease Designation and Serial No.

NM 86148

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Cleary AKC Federal #1

9. API Well No.

30-025-24823

10. Field and Pool, or Exploratory Area

East Livingston Ridge

11. County or Parish, State Delaware

Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Perforate, Treat  
Existing zone

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

Present perforations: 7310-7318', 8557-8598'

Propose to add perforations and perforate Delaware Sand as follows:

7177-7205' (18 holes). Straddle and acidize w/1000 gals 7½% NEFE HCL acid.

Swab test well. If warranted, will frac zone w/3000 gals 35# linear prepap, 13000 gals 35# XL + 36000# 20/40 resin coated sand.

Return well to production.

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

Signed [Signature]

Title Production Supervisor

Date 5-20-92

(This space for Federal or State office use)

Approved by

Title

Date

5/21/92

Conditions of approval, if any:

RECEIVED

MAY 22 1992

OCD HOBBS OFFICE