

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 38469
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FSL & 1650 FEL, Sec. 30-T23S-R34E		8. FARM OR LEASE NAME Kestrel ABE Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		10. FIELD AND POOL, OR WILDCAT Und. Bell Lake Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 30-T23S-R34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. 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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Perforate & Treat	<input 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.)*

2-22-85. TD 11800'. WIH and perforated 10903-945' w/16 .50" holes as follows: 10903, 04, 07, 08, 13, 14, 15, 22, 23, 29, 30, 34, 35, 43, 44 and 45'. Acidized perfs 10903-945' w/2000 gals 15% Spearhead acid and 15 ball sealers. Swabbed dry. WIH and perforated 11093-98' w/10 .50" holes (2 SPF). Acidized perfs 11093-98' w/1500 gals 15% Spearhead acid and 5 ball sealers. Swabbed dry. Show of oil and light blow of gas. WIH and perforated 9931-71' w/19 .50" holes as follows: 9931, 32, 35, 36, 40, 45, 46, 52, 53, 54, 57, 58, 62, 63, 64, 69, 70 and 71'. Acidized perforations 9931-71' w/4000 gals 15% Spearhead acid and 25 ball sealers. Swabbed dry. WIH and perforated 9578-9626' w/13 .42" holes as follows: 9578, 80, 82, 86, 87, 9600, 03, 07, 08, 14, 16, 22 and 26'. Acidized perforations 9578-9626' w/2500 gals 7½% Spearhead acid and 15 ball sealers. Swab testing well 3-12-85.

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

SIGNED Lynda Roddlett

TITLE Production Supervisor

DATE 3-13-85

(This space for Federal or State office use)

APPROVED BY ACCOMPLISHED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 18 1985

*See Instructions on Reverse Side

RECEIVED

MAR 20 1985

HOUSE OF REPRESENTATIVES