

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 15912

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Paduca Unit

8. FARM OR LEASE NAME

Paduca Unit

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

East
North Paduca Delaware

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

Unit A, Sec. 23-25S-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. TYPE OF WELL (Check one)
WELL ☒ OTHER ☐ Workover - oil well
2. NAME OF OPERATOR
Yates Petroleum Corporation
3. ADDRESS OF OPERATOR
105 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
660' FNL & 990' FNL, Sec. 23-T25S-R32E

14. PERMIT NO.
API #30-025-28928
15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3441' GR

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"/>		

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) Squeeze to shut off wtr	<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.)

2-27-89. RUPU.

3-1-89. Set retainer at 4825'. TIH w/stinger and tubing. Squeezed perfs 4838-50' w/50 sx Class H cement to 600 psi. Reverse out 1-1/2 bbls cement.

3-2-89. Perforated 4 squeeze hole at 4805'. WIH w/tubing and packer to 4760', set packer. Pressured perfs to 4000 psi, could not pump into perfs. Released packer. TOOH w/tubing and packer. Drilled out cement retainer and cement from 4825-52'. Cleaned out to 4874'. Circulated hole clean and tested casing to 1000 psi. No bleed off. Perforated 4838-4850' w/24 .42" holes (2 SPF). Acidized perfs 4838-50' (24 shots) w/500 gals 15% NEFE acid and ball sealers.

3-6-89. Hung well on pump and returned well to production.
Well reperforated in old perforations 4838-4850'.

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

SIGNED *David R. Glass*

TITLE Production Supervisor

DATE 3-7-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD) DAVID R. GLASS

CONDITIONS OF APPROVAL, IF ANY

DATE

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAR 17 1989

CCD
HOBBS OFFICE