

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
LEASE DESIGNATION AND SERIAL NO.

NM 15912

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"/>		7. UNIT AGREEMENT NAME Paduca Unit	
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Paduca Unit	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 990 F3L, Sec. 23-T25S-R32E		10. FIELD AND POOL, OR WILDCAT North Paduca Dealware	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 23-T25S-R32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3441' GR		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate, Treat</u> <input checked="" type="checkbox"/>	
(Other) <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.)*

12-14-84. TD 5000'. Set cement retainer at 4875'. GIH w/tubing and cement retainer stinger. Squeezed perms 4887-89' w/100 sx Class C 2% CaCl₂ and .6% CF-1. Squeezed to 2000#. POOH w/tubing and cement retainer stinger. WIH and perforated 4838-4850' w/12 .42" holes (1 SPF). Acidize perforations 4838-4850' w/3000 gals 15% NEFE acid. Swabbed well.

1-2-85. Frac'd perforations 4838-4850' (via 2-7/8" tubing) w/20000 gals gelled KCL water, 40000# 20/40 sand.

1-3-85. GIH w/tubing, perforated sub and mud anchor. Prep ro run rods and pump.

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

SIGNED [Signature] TITLE Production Supervisor

DATE 1-3-85

(This space for Federal or State office use)

APPROVED BY [Signature] DATE JAN 7 1985

TITLE _____ DATE _____

[Signature]

NEW MEXICO

*See Instructions on Reverse Side