

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS MANNER  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-013  
Expires August 31, 1985

45F

RECEIVED  
ARTESIA, NM 88210  
JUL 9 11 12 AM '89

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR  
150 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  
1980' FNL & 1980' FWL, Sec. 24-T19S-R24E

14. PERMIT NO.  
API #30-015-26096

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3601' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 26864

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Rodan GD Federal Com

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Und. Hoag Tank Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit F, Sec. 24-19S-24E

12. COUNTY OR PARISH  
Eddy

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Csg, Perforate <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.)\*

TD 9200'. Reached TD 6-15-89. Ran 221 jts 7" casing as follows: 62 jts 7" 26# N-80 LT&C; 23 jts 7" 23# N-80 LT&C; 79 jts 7" 23# J-55 LT&C; 55 jts 7" 23# N-80 LT&C and 2 jts 7" 26# N-80 LT&C (total 9206') casing set 9200'. Float shoe set 9199', float collar set 9159'. DV tool set 5881'. Cemented in two stages as follows: Stage I - 885 sx Premium, 5% Salt, .3% CFR-3 (yield 1.20, wt 15.8). PD 11:45 AM 6-17-89. Opened and circulated thru DV tool 4 1/2 hrs. Stage II - 950 sx Premium + 1/2% Flocele (yield 1.04, wt 14.7). Tailed in w/100 sx Premium Neat (yield 1.18, wt 15.6). PD 5:00 PM 6-17-89. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. Circulated 150 sx to surface. WOCU 3 days.

6-22-89 Drilled DV tool at 5881'. Tested to 1000 psi. Perforated 8898-8907' w/40 - .41" holes (4 SPF).

6-28-89 Acidized perfs 8897-8907' (40 holes) w/2000 gals 7 1/2% MS acid, N2 and 25 ball sealers.

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

SIGNED [Signature] TITLE Production Supervisor DATE 6-30-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side SJS