

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
M100-3160-4

45F

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 505/746-1441		5. LEASE DESIGNATION AND SERIAL NO. NM 25865
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		8. FARM OR LEASE NAME Eng TX Federal <i>Com</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 2		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL, Sec. 26-19S-24E		10. FIELD AND POOL, OR WILDCAT Hoag Tank Morrow		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit N, Sec. 26-T19S-R24E
14. PERMIT NO. 30-015-26189	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3655' GR		12. COUNTY OR PARISH Eddy	13. STATE NM

JAN 22 '90

O. C. D.
ARTESIA OFFICE

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 checked="" 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) <input 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.)

Spudded 26" hole 12:00 PM 1-9-90. Set 40' of 20" conductor. Notified Dale Armstrong, BLM, Carlsbad, NM, of spud. Resumed drilling 14-3/4" hole 11:00 AM 1-11-90. Notified Dale Armstrong, BLM, Carlsbad, NM. Lost circulation at 338'.
Ran 29 joints 9-5/8" 36# J-55 casing set 1315'. Guide shoe set 1315', insert float set 1270'. Cemented w/900 sx Pacesetter Lite w/1/2#/sx Celloseal, 10#/sx Hyseal and 3% CaCl2 (yield 1.84, wt 12.7). Followed w/200 sx Class C w/2% CaCl2 (yield 1.32, wt 14.8). PD 4:30 PM 1-13-90. Bumped plug to 1050 psi, float held okay. Cement did not circulate. WOC 4 hrs. Ran 1". Tag cement at 330'. Spot 100 sx Class C w/4% CaCl2. PD 9:45 PM 1-13-90. WOC 1/2 hr. Ran 1". Tag cement 225'. Spot 133 sx Class C w/4% CaCl. PD 10:30 PM 1-13-90. Circulated 5 sacks to pit. WOC.* Drilled out 12:45 PM 1-14-90. NU and tested to 1000 psi for 30 minutes. Reduced hole to 8-3/4". Drilled plug and resumed drilling.

Note: *WOC 20 hrs and 15 minutes.

Ad

RECEIVED
JAN 17 1990

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

SIGNED *John A. Smith* TITLE Production Supervisor DATE 1-16-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side