

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions  
verse side)

New Mexico District  
Modified Form No.  
NM060-3160-4

C/SY

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"/>		3a. Area Code & Phone No. 505/748-1471		5. LEASE DESIGNATION AND SERIAL NO. NM 70309	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3b. Area Code & Phone No. 505/748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		RECEIVED AUG -9 '90 O.C.D. ARIZONA OFFICE		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 660' FSL & 660' FEL, Sec. 34-19S-24E				8. FARM OR LEASE NAME Century Plant AHT Fed. Com	
14. PERMIT NO. 30-015-26419		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3702' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Undes. Morrow	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit P, Sec. 34-T19S-R24E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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 Casing <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.) \*

TD 9350'. Ran 226 joints 7" 23# and 26# J-55, N-80 casing, set 9350' as follows: 37 jts 26# N-80, 71 jts 26# J-55, 55 jts 23# J-55, 60 jts 23# N-80 and 3 jts 26# N-80. Baker float shoe set 9350', float collar set 9309'. DV tool set 5413'. Marker jts set 8778-8749'. Cemented 1st stage: 500 gals Surebond + 500 gals Excell-gel + 1400 sx Class "H" with .8% CF-14 + 10% salt + 5#/sx Hyseal (yield 1.19, wt 15.6). PD 2:45 AM 8-1-90. Circulated thru DV tool 2 hrs. Circulated 250 sx to pit. Stage 2: 1050 sx Pacesetter Lite w/.4% CF-14 + 5#/sx salt + 5#/sx Hyseal + 1/4#/sx Celloseal (yield 1.98, wt 12.4). Tailed in w/100 sx Class "H" Neat (yield 1.19, wt. 15.6). PD 6:45 AM 8-1-90. Closed DV tool with 3500 psi. Circulated 250 sx to pit. Bumped plug to 2500 psi for 5 mins, held okay. WOC 18 hours.

RECEIVED  
Aug 6 8 50 AM '90  
O.C.D.  
ARIZONA OFFICE

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

SIGNED *[Signature]*

TITLE Production Supvr.

DATE 8-2-90

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side