

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Project No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-55125

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT-" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
105 South Fourth Street - Artesia, NM 88210
O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' FSL & 1650' FWL of Section 12-T20S-R29E (NM-57632)
660' FNL & 660' FWL of Section 13-T20S-R29E (NM-55125)
Production Zone

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3321.1' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Eland AFC Federal Com

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
GETTY Undes. Morrow

11. SEC., T., R., or BLK. AND SURVEY OR AREA
Section 13-T20S-R29E

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:

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 checked="" type="checkbox"/>
(Other)			

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

Al Springer obtained verbal permission from Mr. Shannon Shaw with the BLM on September 20, 1988, for an exception on the casing program for this well. This well is to be drilled horizontally outside potash area to a depth of 5500', then will be directionally drilled underneath to Strawn and Morrow targets.

ORIGINAL APPROVED CASING DESIGN:

17-1/2" hole with 13-3/8" casing set at 300' with cement circulated
12-1/4" hole with 9-5/8" casing set at 2800' with cement circulated
8-3/4" hole with 4 1/2 or 5 1/2" casing set at 12300' (true vertical depth) or 12553' (measured depth)

Due to potential of lost circulation from approximately 1700' to the top of the Delaware at 3536', we are extending intermediate casing point to 3580' to shut potential weak zone off. THE NEW CASING PROGRAM WILL BE:

17-1/2" hole with 13-3/8" 48# J-55 casing set at approx. 300' with cement circulated
12-1/4" hole with 9-5/8" 36# J-55 casing set at approx. 3580' with cement circulated in two stages with DV tool set at 1300'.
7-7/8" hole with 4 1/2 or 5 1/2" 9.5# or 17 & 20# casing set at TD.

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

SIGNED Justin D. Morgan

TITLE Regulatory Secretary

DATE September 21, 1988

(This space for Federal or State office use)

APPROVED BY SP1G SGO. RAJ GRI
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

9-22-88

*See Instructions on Reverse Side