

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 36943
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION (505) 748-1481		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		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 860' FNL & 590' FWL (NWNW) Sec. 29-T23N-T7W		8. FARM OR LEASE NAME Henry AGC Federal
14. PERMIT NO. API #30-043-20832		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6903' GR (ungraded)		10. FIELD AND POOL, OR WILDCAT Alamito Gallup Ext.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 29-23N-7W NMPM
		12. COUNTY OR PARISH Sandoval
		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) <u>Production Casing</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.) *

TD 5425'. Reached TD 6:15 AM 8-9-89.

Ran 128 joints 4-1/2" 10.5# J-55 ST&C casing set 5423'. Float shoe set 5423', float collar set 5389'. DV tool set 4238'. Cemented in two stages as follows: Stage I - 260

575 Class B 50/50 Poz + 2% Gel, 1/4#/sx Celloseal, 4#/sx Hiseal (yield 1.26, wt 13.4).

PD 5:00 AM 8-10-89. Bumped plug to 1250 psi, released pressure and float held okay.

Circulated thru DV tool 4 hrs. Stage II - 575 sx Class B 65/35 Poz + 12% Gel + 1/4#/sx Cellseal + 4#/sx Hiseal (yield 2.22, wt 11.8). Tailed in w/50 sx Class B (yield 1.18, wt 14.6).

PD 10:10 AM 8-10-89. Bumped plug to 2500 psi for 5 minutes. released pressure, float and casing held okay. Cemented circulated 80 sacks.

8-14-89. Waiting on completion unit.

CONFIDENTIAL - TIGHT HOLE!

RECEIVED
AUG 30 1989
OIL CON. DIV
DIST. 3

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 8-15-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE AUG 22 1989

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY [Signature]