

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 81638	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88211		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 970' FSL, 760' FWL (SWSW)		8. FARM OR LEASE NAME Kite AKA Federal	
14. PERMIT NO. API #30-045-20833		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GW, etc.) 6963' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit M, Sec. 20-T23N-R7W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

RECEIVED
MAR 26 1990
OIL CON. DIV
DIST 3

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<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 12-1/4" hole 8:00 PM 2-12-90. Ran 6 joints 8-5/8" 24# J-55 ST&C casing set 279'. Guide shoe set 279', insert float set 235'. Cemented w/175 sx Class B w/1/4#/sx Flocele + 3% CaCl (yield 1.18, wt 15.6-15.8). PD 3:15 2-13-90. Bumped plug to 600 psi, released pressure and float held okay. Circulated 60 sacks to surface. WOC. Drilled out 2:45 PM 2-13-90. WOC 11 hrs and 30 mins. NU and tested to 2100 psi for 15 mins, held okay. Reduced hole to 7-7/8". Resumed drilling.

TD 5454'. Reached TD 2-21-90. Ran 130 joints 4-1/2" 10.5# J-55 ST&C casing set 5454'. Guide shoe set 5454', float collar set 5413'. DV tool set 3844'. Cemented in two stages - stage I 400 sx 50/50 Poz w/2% gel, 6 1/2 Gilsonite and 1/4#/Flocele (yield 1.33, wt 13.2). Followed w/50 sx Class B (yield 1.18, wt 15.6). PD 10:30 AM 2-22-90. Bumped plug to 1300 psi, float and casing held okay. Circulate thru DV tool 2 hrs - 125 sx cement. Stage II - 700 sx 65/35 Poz w/12% gel, 6 1/2 Gilsonite, 1/4#/Flocele and .4% CFR-2 (yield 1.18, wt 15.6). Followed w/50 sx Class B (yield 1.18, wt 15.6). PD 1:30 PM 2-22-90. Bumped plug to 2600 psi for 5 mins, float and casing held okay. Circulated 150 sacks cement. WOCU 10 days. Drilled out DV tool 3844'. Perforated 5020-5290' w/27 .41" holes as follows: 5020, 21, 22, 29, 30, 31, 5133, 35, 37, 38, 39, 41, 43, 44, 55, 56, 57, 5211, 13, 21, 23, 28, 55, 56, 65, 66 and 5290. Acidized perforation 5020-5290' in 3 stages w/2250 gals 7 1/2% NEFE acid. Frac'd perforations w/85000 gals 20# 20% KCL water and 110000# 20/40 + 37500# 12/20 sand. Set pumping unit 3-14-90.

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

SIGNED [Signature]

TITLE Production Supvr.

Accepted For Record

DATE 3-19-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

Chief, Branch of
Mineral Resources
Farmington Resource Area.

*See Instructions on Reverse Side