

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Yates Drilling Company

3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with BLM Survey requirements. See also space 17 below.)
At surface
660 FSL & 660 FWL (SW SW)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6849' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 25830

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Axem-Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Unnamed

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit M, Sec. 18-T23N-R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

RECEIVED

16. 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"/>
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"/>	

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.) *

8-6-85. Ran 5 joints 28# J-55 ST&C casing set 243' KB. 1-Notched guide shoe set 243' KB. Fiber Baffle Float set 197' KB. Cemented w/180 sx C1 "B" + 1/4#/Celloseal and 2% CaCl₂, (Density: 15.6#/gal; Yield 1.18 ft³/sx = 212.4 cu ft cement). Compressive strength of cement - 950 psi in 12 hrs. PD 6:40 PM 8-6-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 47 sacks (55.46 cu ft) to pit. WOC. Drilled out 6:45 AM 8-7-85. WOC 12 hrs and 5 min. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED Ryanita Goodlett TITLE Production Supervisor

DATE 8-12-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY _____