

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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"/>		2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		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 (SESE)		5. LEASE DESIGNATION AND SERIAL NO. NM 36953		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A		7. UNIT AGREEMENT NAME N/A		8. FARM OR LEASE NAME Ronald ACI Federal		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Wildcat Gallup		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 20-T24N-R11W		12. COUNTY OR PARISH San Juan		13. STATE NM	
14. PERMIT NO. 30-045-28282				15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6283' GR																					

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"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Production Casing, Perforate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 4823'. Reached TD 2-19-91. Ran 115 joints 4-1/2" - 10.5# casing set at 4821'. Guide shoe set 4821, float collar set 4779'. DV tool set 3172'. Cemented in two stages as follows: Stage I - 625 sx 50/50 Poz + 2% Gel + 4#/sx Gilsonite (yield 1.34, wt 12.3). PD 10:30 PM 2-20-91. Bumped plug to 1000 psi for 3 minutes, OK. Circulated 200 sx lead slurry. Circulated thru DV tool 4 hrs. Stage II - 650 sx 65/35 Poz, 6% Gel + 6 1/2 sx Gilsonite (yield 1.88, wt. 12.3). Tailed in w/50 sx Class "B" (yield 1.18, wt 15.68). PD 3:30 AM 2-21-91. Bumped plug to 1000 psi for 3 mins, OK. Circulated 150 sx lead slurry. Set casing slips with 44000# tension. Rig released 6:00 AM 2-21-91. WOC. WOCU 3 days. Perforated 4333-4366' w/17 .42" holes as follows: 4333, 40, 47 (1 SPF-3 holes), 4354, 56, 58, 60, 62, 64, and 4366 (2 SPF-14 holes). Treated perfs 4333-4366' w/1000 gals 7 1/2% HCL acid. Frac'd perfs 4333-4366* w/40000 gals KCL water with 51410# 20/40 sand + 15000# 16/30 resin coated sand.

RECEIVED
MAR 13 1991
DIVISION
DIST. 3

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

SIGNED James D. Dordick

TITLE Production Supervisor

DATE 3-4-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

APR 01 1991

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side