

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 37056	
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 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 1980 FSL & 1980 FEL, Sec. 27-T3N-R19E		8. FARM OR LEASE NAME Duoro AAX Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5450' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 27-3N-19E	
		12. COUNTY OR PARISH Guadalupe	
		13. STATE NM	

10. 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 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) <u>Lost Circulation Plugs</u> <input checked="" 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.)\*

2-23-85. Drilled to 1007' and lost circulation at 908'. Set lost circulation plugs as follows:

Plug #1: 75 sx Class C, 10#/sx HiSeal, 1#/sx Permacheck, 1/2#/sx celloseal and 4% CaCl<sub>2</sub>. Tailed in w/100 sx Class C 4% CaCl<sub>2</sub>. PD 5:30 PM 2-23-85. Plug set at 1007'. WOC 1 hr. Tagged cement at 850'. Loaded hole. WOC 8 hrs. Drilled out at 1:30 AM 2-24-85. Lost returns at 1015'. Drilled to 1130'.

Plug #2: 75 sx Class C, 10#/sx HiSeal, 1#/sx Permacheck, 1/2#/sx celloseal and 4% CaCl<sub>2</sub>. Tailed in w/100 sx Class C 4% CaCl<sub>2</sub>. PD 6:30 PM 2-24-85. Plug set at 1130'. WOC 1 hr. Tagged cement at 830'. Loaded hole. WOC 10 hrs. Drilled out at 4:00 AM 2-25-85. Lost returns at 1140'. Drilled to 1340'.

Plug #3: 100 sx Class C, 10#/sx HiSeal, 1#/sx Permacheck, 1/2#sx celloseal and 4% CaCl<sub>2</sub>. Tailed in w/150 sx Class C 4% CaCl<sub>2</sub>. PD 10:00 PM 2-25-85. Plug set at 1330'. WOC 1 hr. Tagged cement at 850'. Loaded hole. WOC. Drilled out 2:15 PM 2-26-85.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 2-27-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

