

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

c/sf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to develop a well 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 <input type="checkbox"/>		34. Area Code & Phone No. 505/748-1471	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		5. LEASE DESIGNATION AND SERIAL NO. NM 81929	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88203		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1000' FSL & 5' FEL, Sec. 16-20S-29E		7. UNIT AGREEMENT NAME N/A	
Proposed producing zone: 8125' FNL, 2145' FEL, Sec. 22-20S-29E		8. FARM OR LEASE NAME Gazelle AHG Federal	
14. PERMIT NO. 30-015-26441		9. WELL NO. 2	
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3284' GR		10. FIELD AND POOL, OR WILDCAT Und. East Burton Flat Strawn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 16-T20S-R29E	
		12. COUNTY OR PARISH Eddy	
		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Csg, Perforate <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.)

TD 13100'. Reached TD 10-16-90. Ran 308 jts 5 1/2" casing as follows: 63 jts 20# N-80, 35 jts 17# N-80, 1 jt 20# N-80, 44 jts 17# N-80, 83 jts 20# N-80 and 82 jts 20# S-95, casing set 13100' 10357'. Float shoe set 13100', float collar set 13057'. DV tool set 9002'. Cmt'd in 2 stages as follows: Stage I - 1100 sx "H" w/1.25% CF-14, 3% CSE (yield 1.32, wt 15.6). PD 5:12 PM 10-19-90. Bumped plug w/2000#, held OK. Circulated thru DV tool 1-1/3 hrs. Stage II - 1065 sx PSL "H" w/3#/sx salt, 1/4#/sx Celloseal (yield 1.99, wt 12.4). Tailed in w/100 sx "H" w/.2% CF14 (yield 1.18, wt 15.6). PD 8:45 PM 10-19-90. Bumped plug w/3400# for 15 mins, held OK. 10-27-90. Drilled out DV tool, tested casing to 2000#, OK. 10-31-90. Perforated 12904-924' (2 SPF). No show of gas at surface. Swabbed to seating nipple with show of gas on each swab run. Acidized perms 12904-924' (40 holes) w/2500g. 7 1/2% MS acid, 1000 SDF N2/bbl and ball sealers. 11-2-90. Left well flowing overnight on 16/64" choke. Well had FTP 30# on 16/64" choke - 66 mcfd. 11-6-90. Set CIBP 12850', w/35' cement on top. Tested plug to 2000# for 10 mins, held OK. 11-7-90. Perforated 11488-496, 11463-11465', 11455-11458' (2 SPF); 11629-683' (1 SPF) and 11789-794' (2 SPF). 11-8-90. Swabbed to seating nipple. Had continuous blow of gas.

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

SIGNED [Signature] TITLE Production Supervisor DATE 11-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side