

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.
NM60-3160-4

258

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		JAN 11 '91	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 430' FEL, Sec. 11-22S-31E		5. LEASE DESIGNATION AND SERIAL NO. NM 65417	
14. PERMIT NO. 30-015-26549		15. ELEVATION (Show whether DT, RT, GR, etc.) 3566' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANE <input type="checkbox"/>		8. FARM OR LEASE NAME Martha AIK Federal	
WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Intermediate Casing		9. WELL NO. 1	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		10. FIELD AND POOL, OR WILDCAT Und. Livingston Ridge Delaware	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Unit P, Sec. 11-T22S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

17. DESCRIBE PROMISED 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.)

Note: Field name corrected.

12-20-90. Ran 103 joints 8-5/8" 32# S-80 and J-55 casing set 4485'. Regular guide shoe set 4485', float collar set 4442'. Cemented w/1500 sx "C" Lite + 5% Salt (yield 1.87, wt 12.8). Tailed in w/200 sx "C" + 1% CaCl2 (yield 1.32, wt 14.8). PD 5:30 AM 12-20-90. Bumped plug to 2000 psi, released pressure and float held okay. Circulated 116 sacks. WOC. Drilled out 11:30 PM 12-20-90. WOC 18 hrs. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Resumed drilling.

RECEIVED
DEC 27 10 53 AM '90
CARRIE
ARELLANO
CLERS

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

SIGNED [Signature] TITLE Production Supervisor DATE 12-24-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side