

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUM
OF COPIES REQ.
(Other instructions on re-
verse side)

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

457

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"/>		3a. Area Code & Phone No. 505/748-1471		3. LEASE DESIGNATION AND SERIAL NO. NM 65417	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3b. ARB-1		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		RECEIVED JAN 23 1 30 PM '91		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 330' FSL & 430' FEL, Sec. 11-22S-31E		O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME Martha AIK Federal	
14. PERMIT NO. 30-015-26549		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware	
				11. SEC., T., R., M., OR BLM AND SURVEY OR AREA Unit P, Sec. 11-T22S-R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Production Csg, Perforate, Treat	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)
- TD 8425' Reached TD 9:30 AM 12-28-90. Ran 192 joints 5-1/2" casing as follows: 41 jts 17# J-55, 130 jts 15.5# J-55 and 21 jts 17# J-55, casing set 8416'. Float shoe set 8416', float collar set 8372'. DV tool set 6292'. Marker joints set at 6838'. Cemented in two stages as follows: Stage I - 600 sx "H" + 5#/sx CSE + .5% CF-14 + 3#/sx Gilsonite (yield 1.36, wt 14.9). PD 3:58 PM 12-29-90. Circulated 100 sx cement. Cemented thru DV tool 2 hrs. Stage II - 500 sx "C" Lite + 1/4#/sx Celloseal (yield 1.98, wt 12.4). Tailed in w/100 sx "H" Neat (yield 1.18, wt 15.6). PD 6:15 PM 12-29-90. Calculated TOC approx 3400'. Bumped plug to 2600 psi, float and casing held okay. WOC 18 hrs.
- 1-4-91. Drilled out DV tool @ 6292'.
- 1-8-91. Perforated 8236-8308' w/58 .40" holes as follows: 8236-38' (3 holes), 8245-52' (8 holes), 8258-60' (3 holes) 8280-84' (5 holes, 8290-92' (2 holes), 8296-98' (12 holes-4 SPF) 8303-08' (24 holes-4 SPF). Swabbed well.
- 1-9-91. Acidized perfs 8236-8308' (58 holes) w/5000 gals 15% NEFE acid and ball sealers in 4 stages with 100# block between each stage.
- 1-11-91. Frac'd perfs 8236-8308' w/10000 gals gelled X-link, 2% KCL water and 20000# 20/40 sand.
- 1-15-91. Set pump jack.

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

SIGNED Quintan Rodriguez

TITLE Production Supervisor

DATE 1-18-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side