

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

RECEIVED

JAN 15 1986

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 207 South 4th St., Artesia, NM 88210	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL & 330 FEL, Sec. 13-T15N-R8E			
12. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6320' GR		

5. LEASE DESIGNATION AND SERIAL NO. NM 23599	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME La Mesa Unit	
8. FARM OR LEASE NAME	
9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 13-15N-8E	
12. COUNTY OR PARISH Santa Fe	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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<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.)*

1-9-86. Reamed hole to 17-1/2" and resumed drilling with rotary tools at 6:00 PM
1-9-86. Notified Dan Ross with BLM.

Ran 9 joints 13-3/8" 61# K-55 ST&C casing set 374'. 1-Texas Pattern guide shoe set 374'. Insert float set 334'. Cemented w/450 sx Class "C" with 2% CaCl₂, 594 cubic feet. Compressive strength of cement - 1250 psi in 12 hrs. PD 7:30 PM 1-10-86. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 60 sx to pit. WOC. Drilled out 10:45 PM 1-11-86. WOC 27 hrs and 15 min. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 1-13-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

- SANTA FE