

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME La Mesa Unit
3. ADDRESS OF OPERATOR 207 South Fourth Street - Artesia, NM 88210	9. WELL NO. 3
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	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13-T15N-R8E
15. ELEVATIONS (Show whether on surface or subsurface) 6320' GR	12. COUNTY OR PARISH Santa Fe
	13. STATE NM

RECEIVED

DEC 11 1985

16. 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Cementing program <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.) *

Per conversation with BLM on December 3, 1985.

Should the Dakota formation not be produced we will cover the top of it with a minimum of 50' of cover (330 cubic feet = 440 sacks) of Class "C" cement to protect the fresh water zones. If the Dakota formation is produced, we will cement back from TD with 340 sacks of Class "C" (450 cubic feet) or enough to cover 600' above the formation to protect the fresh water zones during fracing operations.

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

SIGNED G. Cowan TITLE Regulatory Agent

(This space for Federal or State office use)

APPROVED BY DATE DEC 31 1985 TITLE 7s/ J. Stan McKee

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC - SANTA FE

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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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 South Fourth Street - Artesia, NM 88210

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 (Unit A)

14. PERMIT NO.

15. ELEVATIONS (Show whether direction of dip is indicated)
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
Section 13-15N-8E

12. COUNTY OR PARISH
Santa Fe

13. STATE
NM

RECEIVED

NOV 20 1985

18. 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"/>
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) Cementing program	<input checked="" type="checkbox"/>

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) <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.) *

There will be one stage of cement per casing string. On 13-3/8" surface casing, there will be a casing shoe set at 350' and an insert float equipment set at approximately 310'. Cemented with 350 sacks of Class "C" 2% CaCl₂ (490 cubic feet of cement).

5-1/2" production casing set to TD. Float collar at approximately 40' from TD. Cement will be 600' above commercial production zone with a minimum of 250 sacks Class "C" with fluid loss and friction reducer (350 cubic feet of cement).

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

SIGNED Cy Cowan TITLE Regulatory Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
AS AMENDED
DATE 12-19-1985

DEC 31 1985
/s/ J. Stan McKee

for M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side