

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse 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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR  
207 South 4th St., 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, Sec. 13-T15N-R8E

14. 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:

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) <input type="checkbox"/>	

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% CaCl<sub>2</sub>, 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 *Francis D. Daulton* TITLE Production Supervisor

DATE 1-13-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

**NMOCC - SANTA FE**