

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COMM. FORM 3160-5
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P&A		5. LEASE DESIGNATION AND SERIAL NO. NM 2359
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL & 2310 FWL, Sec. 6-T7S-R26E		8. FARM OR LEASE NAME Sorenson IB Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether depth, HT, GR, etc.) 3682' GR		10. FIELD AND POOL, OR WILDCAT Linda San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 6-7S-26E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Plugged and abandoned well as follows:

Laid down rods and tubing. Pumped down casing w/90 bbls water. Cemented w/50 sacks Class "C" with 4% CaCl₂ and 1/2# celloseal, followed by 75 sacks Class "C" Neat. With 10 sacks Class "C" with 4% CaCl₂ in formation, well pressured up to 1500 psi. After 30 minutes, cement standing 2' from surface. Set dry hole marker.

Notified BLM, Roswell, 5-9-85 by answering service prior to plugging.

Post FD-2
6-14-85
P&A

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

SIGNATURE *Franklin D. Sordelt* TITLE Production Supervisor DATE 5-10-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER

FEB 4 1987

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

NOT RECORDED
FEB 19 1964
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

