

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

c/sf

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY		5. LEASE DESIGNATION AND SERIAL NO. NM 27791	
2. NAME OF OPERATOR Yates Petroleum Corporation ✓		JUL 22 1986		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		O. C. D.		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 660 FSL & 1980 FEL, Sec. 15-T9S-R26E		ARTESIA OFFICE		8. FARM OR LEASE NAME Zane ABS Federal	
14. PERMIT NO. API #30-005-62257		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3775' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit 0, Sec. 15-T9S-R26E	
				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:

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"/>	

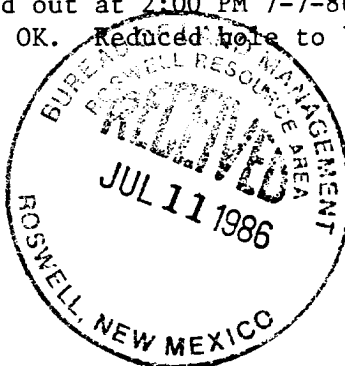
SUBSEQUENT REPORT OF:

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.) *

Resumed drilling at 9:45 AM 7-5-86. Ran 23 jts 8-5/8" 24# J-55 casing set 993'. 1-Texas Pattern Notched guide shoe set 993'. Regular insert float set 950'. Cemented w/375 sx Halliburton Lite w/1/4# per sack flo-seal and 3% CaCl₂. Tailed in w/200 sx Class "C" w/2% CaCl₂. Compressive strength of cement - 1250 psi in 12 hrs. PD 8:00 PM 7-6-86. Bumped plug to 1000 psi, released pressure and float held okay. Circulated 10 sx to pit. WOC. Drilled out at 2:00 PM 7-7-86. WOC 18 hrs. 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 Peter W. Chester TITLE Production Supervisor DATE 7-9-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JUL 16 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side