

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OFF. COMS. C. 13310  
SUBMIT IN TRIPLE  
Original, Instructions  
verse side)  
Artesia, NM 88210

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

4/5F

RECEIVED BY  
MAY 09 1985  
OIL WELL ☐ GAS WELL ☒ OTHER ☐  
NAME AND ADDRESS OF OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

Use of this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

Yates Petroleum Corporation  
3. ADDRESS OF OPERATOR  
207 South 4th, Artesia, NM 88210  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660 FNL & 1780 FWL, Sec. 29-T6S-R26E  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3654.8' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 25473  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Savage NI Federal Com  
9. WELL NO.  
4  
10. FIELD AND POOL, OR WILDCAT  
Pecos Slope Abo  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Unit C, Sec. 29-6S-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:

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.) \*

Spudded 12-1/4" hole at 5:30 PM 4-30-85. Notified James Brasfield, BLM, Roswell, NM. Set 40' of 20" conductor pipe. Ran 22 jts 8-5/8" 24# J-55 casing set 942'. 1-guide shoe set 942'. Float set 900'. Cemented w/350 sx Halliburton Lite w/1/2#/sx Flocele + 3% CaCl2. Tailed in w/200 sx Class "C" w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 10:00 AM 5-2-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 45 sacks. WOC. Drilled out 4:00 AM 5-3-85. 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 Quanta Goodlett TITLE Production Supervisor DATE 5-6-85

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD  
PETER W. CHESTER

DATE

MAY 7 1985

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA