

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

c/sf

SUBMIT IN TRIPlicate
Other Construction
verse side
Drawer DD
Artesia, NM 88210

LEASE DESIGNATION AND SERIAL NO.

NM 25473

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such purposes.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 South 4th, Artesia, NM 88210		8. FARM OR LEASE NAME Savage NI Federal Com	
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		9. WELL NO. 4	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3654.8' GR	
		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:

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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Production Casing, Perforate	<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.)*

5-9-85. TD 4300'. Ran 107 joints 4-1/2" 9.5# J-55 casing set 4300'. 1-guide shoe set 4300'. Float collar set 4260'. Cemented w/500 sx Class "C" w/5#/sacks KCL, .3% Halad-4 and .2% CFR-3. Compressive strength of cement - 950 psi in 12 hrs. PD 1:15 PM 5-9-85. Bumped plug to 1000# for 30 minutes, released pressure, held okay. Tested casing to 1000# for 30 minutes, OK. WOC 18 hrs.

5-18-85. Ran 1540' of 1". Cemented w/300 sx Pacesetter Lite. WIH and perforated 3821-3833' w/10 .42" holes as follows: 3821, 22, 23, 24, 28, 29, 30, 31, 32 and 33'. Treated w/1000 gallons 7 1/2% Spearhead acid. Frac'd 3821-33' w/20000 gals gelled KCL water + 30000# 20/40 sand.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 5-21-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE _____

MAY 29 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side