

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM ATT. COMS. COMMISSION Budget Bureau No. 1004-0135  
Expires August 31, 1985  
Artesia, NM 88210

95F

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		<div>RECEIVED BY AUG 26 1985 O. C. D. ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. NM 25866	
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 660' FNL & 660' FWL, Sec. 22-T6S-R26E			8. FARM OR LEASE NAME Buder ACN Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691.1' GR		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT Undes. Pecos Slope Abo
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit D, Sec. 22-6S-26E
				12. COUNTY OR PARISH Chaves
				13. STATE NM

13.

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.) \*

8-3-85. Drilling 36'. Set 16" conductor pipe.  
8-5-85. Resumed drilling with rotary tools 5:15 PM 8-5-85.  
8-7-85. Ran 22 jts of 8-5/8" 24# J-55 casing set 922'. Guide shoe set 922'. Regular insert float set at 880'. Cemented w/300 sx Pacesetter Lite with 1/4#/sx Celloseal + 2% CaCl2. Tailed in w/250 sx C1 "C" + 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 6:30 AM 8-7-85. Bumped plug to 750 psi, released pressure, float held okay. Cement circulated 35 sx to pit. WOC. Drilled out 12:30 AM 8-8-85. WOC 30 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 Pamela Goodlett TITLE Production Supervisor DATE 8-15-85

(This space for Federal or State office use)

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

