

Form 3160-52
(November 1983)
(Formerly 9-331)

Drawer DD

Artesia, NM 88201

UNITED STATES
DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CASE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0145
Expires August 31, 1985

CKF

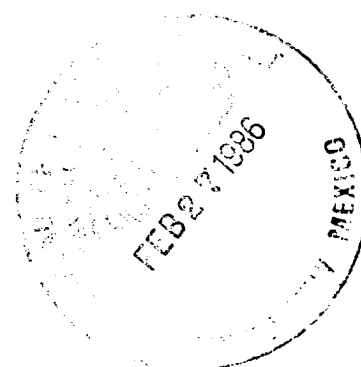
SUNDRY NOTICES AND REPORTS ON WELLS

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY MAR 05 1986 O. C. D. BUREAU OFFICE </div>	
2. NAME OF OPERATOR John A. Yates, Jr., Oil Operator			
3. ADDRESS OF OPERATOR 207 South Fourth Street - Artesia, NM 88210			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL and 660' FWL (Unit D)			
5. LEASE DESIGNATION AND SERIAL NO. NM-27909		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Comanche PQ Federal	
9. WELL NO. 3		10. FIELD AND POOL, OR WILDCAT S. Artesia Lease Undesignated San Andres	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26-10S-25E		12. COUNTY OR PARISH Chaves	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3769' GR		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Production casing</u> <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.)*			

TD 1325'. Ran 42 joints of 5-1/2" 17# J-55 casing set at 1325'. Float shoe set at 1325'. Insert float set at 1325'. Cemented with 150 sacks Class "C" cement. Compressive strength of cement - 950 psi. PD 11:55 AM 2-21-86. Bumped plug to 1000 psi for 30 minutes, released pressure and float and casing held okay. Had full circulation throughout job. WOC. Waiting on completion unit.



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

SIGNED Lusty J. J. J. TITLE Regulatory Secretary DATE Feb. 25, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MAR 3 1986