

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Artesia, NM 88210

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

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	5. LEASE DESIGNATION AND SERIAL NO. NM 27185
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 2230 FSL & 660 FWL, Sec. 31-T10S-R26E	8. FARM OR LEASE NAME Ogle ADB Federal
14. PERMIT NO. API #30-005-62317	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3741' GR	10. FIELD AND POOL, OR WILDCAT South Pecos Slope Abo
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Unit M, Sec. 31-T10S-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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

4-9-86. TD 4850'. Plugged well as follows:

Plug #1: 4269-4169' w/35 sx Class "C" w/2% CaCl2.
Plug #2: 1945-1845' w/35 sx Class "C" w/2% CaCl2.
Plug #3: 970-870' w/35 sx Class "C" w/3% CaCl2. Tagged plug at 849'.
Plug #4: 62'-Surface w/20 sx Class "C" Neat.
Plugging completed 12:45 AM 4-10-86.

Verbal permission for plugging given by Mr. Peter Chester, BLM, Roswell, NM, on 4-9-86.

Post ID-2
5-16-86
P & A



18. I hereby certify that the foregoing is true and correct
SIGNED Peter W. Chester TITLE Production Supervisor DATE 4-10-86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore,
Liability under bond is retained until
surface restoration is completed,

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER

FEB 11 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA