

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM Oil and Gas Commission
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

clsf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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		JAN 06 '88	
2. NAME OF OPERATOR Yates Petroleum Corporation		3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780' FNL & 1980' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM 27791	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Zane ABS Federal Com		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 15-T9S-R26E	
12. COUNTY OR PARISH Chaves		13. STATE NM	
14. PERMIT NO. API #30-005-62577		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3790' GR	

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"/>		<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) Spud, Set Surface Pipe	<input checked="" type="checkbox"/>		<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.)

Spudded 26" hole 9:30 AM 12-16-87. Set 40' of 20" conductor pipe. Notified George Garcia with BLM, Roswell, NM, of spud.

Resumed drilling 12-1/4" hole 5:00 PM 12-17-87 with rotary rig. Ran 23 joints 8-5/8" 24# J-55 casing set 965'. 1-Texas Pattern Notched guide shoe set 965'. Insert float set 923'. Cemented w/400 sx Halliburton Lite with 1/4#/sx Floseal + 3% CaCl2 (yield 1.84, weight 12.7). Tailed in w/200 sx Class "C" w/2% CaCl2 (Yield 1.32, weight 14.8). PD 4:15 PM 12-18-87. Bumped plug to 500 psi, released pressure and float held okay. Cement circulated 70 sx to pit. WOC. Drilled out 10:15 AM 12-19-87. 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 Anta Lovell

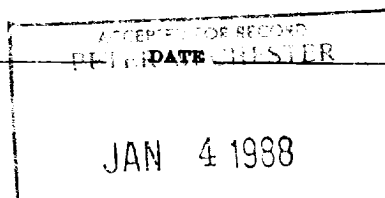
TITLE Production Supervisor

DATE 12-21-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side