

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ARTESIA, NM 88210
SUBMIT IN TRIP
(Other Instructions
reverse side)

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

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 purposes.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY MAR - 5 1985 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Yates Petroleum Corporation	
3. ADDRESS OF OPERATOR 207 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 790 FNL & 1980 FWL, Sec. 21-T4S-R16E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5635' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 37451	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Asparas ABX Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Wildcat - <i>also</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 21-T4S-R16E	
12. COUNTY OR PARISH Lincoln	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.)

Spudded 17 1/2" hole 10:00 PM 2-14-85. Lost circulation 51'. Set lost circulation plug w/8 yds Ready-mix. WOC 9 hrs. Drilled cement and resumed drilling. Ran 6 jts 13-3/8" 54.5# J-55 ST&C casing set 218'. 1-guide shoe set 218'. Insert float set 176'. Cemented w/250 sx Pacesetter Lite w/10#/sx Hi-seal, 1/2#/sx celloseal and 3% CaCl2. Tailed in w/150 sx Class C w/1/4#/sx celloseal and 2% CaCl2. Compressive strength of cement-1150 psi in 12 hrs. PD 6:15 PM 2-15-85. Bumped plug to 250 psi, released pressure, held okay. Cement circulated 50 sx. Drilled out 12:30 PM 2-16-85. WOC 18 hrs and 15 mins. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 12-1/4". Drilled plug and resumed drilling. Lost circulation at 320'. Pumped LCM pill. Set lost circulation plugs as follows:
Plug #1: 100 sx Class C 4% CaCl2. PD 2:15 AM 2-17-85. Plug set 395'. WOC 1 hour.
Plug #2: Tagged cement at 395'. Spotted 100 sx Class C 4% CaCl2. PD 4:15 AM 2-17-85. Plug set 395'. WOC 1 hour.
Plug #3: Tagged cement at 395'. Spotted 100 sx Class C 4% CaCl2. PD 6:00 AM 2-17-85. Plug set 395'. WOC 1 hour. Tagged cement at 245'. Loaded hole and held. Drilled out 2:30 PM 2-17-85. Drilled cement, lost circulation at 350', while drilling cement. Set lost circulation plugs as follows:
Plug #4: Spotted 100 sx Class C, 10#/sx Hi-seal, 1#/sx celloseal and 4% CaCl2. PD 2:15 AM 2-18-85. Plug set at 350'. WOC 1 hour.
Plug #5: Tagged cement at 350'. Spotted 100 sx Class C, 10#/sx Hi-seal, 1#/sx celloseal and 3% CaCl2. PD 4:00 AM 2-18-85. Plug set at 350'. WOC 1 hour.
Tagged cement at 200'. Loaded hole and held. Drilled out 12:30 PM 2-18-85. Resumed drilling.

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 2-20-85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE Production Supervisor DATE 2-20-85
CONDITIONS OF APPROVAL, IF ANY:

MAR 1 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT