

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

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

c/gf

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.)

RECEIVED BY  
JUN 03 1985  
O. C. D.  
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
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  
745 FNL & 510 FWL, Sec. 18-T18S-R16E  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6142' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 24845  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
One Tree Unit  
8. FARM OR LEASE NAME  
One Tree Unit  
9. WELL NO.  
1  
10. FIELD AND POOL, OR WILDCAT  
Wildcat - *For San Juan*  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit D, Sec. 18-18S-16E  
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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Intermediate Casing	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.) \*  
5-9-85. Ran 73 jts 9-5/8" 36# J-55 ST&C casing set 3013'. 1-regular cement nosed guide soe set 3013'. Float collar set 2973'. Cemented w/1200 sx 50/50 Poz Class "C" + 1/4#/sx Flocele + 5#/sx salt. Tailed in w/150 sx Class "C" + 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 2:00 AM 5-10-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. WOC 6 hrs. GIH w/1" and tagged cement at 770'. WOC. Ran 1". Tagged at 770'. Cemented w/435 sacks Class "C" + 2% CaCl2. PD 12:30 PM 5-11-85. Circulated 15 sacks. WOC. Drilled out 4:00 AM 5-11-85. WOC 26 hrs. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.  
*Verbal app'd to 2500'*

18. I hereby certify that the foregoing is true and correct  
SIGNATURE *Antonio Los Alamo* TITLE Production Supervisor DATE 5-15-85  
(This space for Federal or State office use)  
APPROVED BY ACCEPTED FOR RECORD TITLE DATE  
CONDITIONS OF APPROVAL, IF ANY

MAY 31 1985

\*See Instructions on Reverse Side