

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

457

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"/>	RECEIVED BY OCT 15 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 990 FSL & 510 FWL, Section 29-T18S-R16E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6584' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 24848
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. 2
10. FIELD AND POOL, OR WILDCAT Wildcat - <i>for sand in</i>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit M, Sec. 29-18S-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"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" 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) <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 26" hole at 5:30 PM 9-29-85 with Frank's Rathole. Set 40' of 20" conductor pipe. Resumed drilling with 17-1/2" bit at 12:15 PM 10-1-85. Lost circulation at 125'. Ran 17 joints 13-3/8" 54.5# J-55 casing, set at 685'. 1-Texas Pattern notched guide shoe set 685'. Regular insert float set 643'. Cemented w/550 sx Pacesetter Lite w/10#/sx Hiseal + 10#/sx Hiseal + 1/4#/sx Celloseal + 3% CaCl2. Tailed in w/200 sx Class "C" w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 11:30 AM 10-3-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. WOC. Ran Temperature Survey and found top of cement 125'. WOC. Ran 1". Tagged cement at 125'. Spotted 125 sx Class "C" w/4% CaCl2. PD 7:00 PM 10-3-85. WOC. Circulated 5 sx to pit. Drilled out 11:30 PM 10-3-85. WOC 12 hrs. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 9-1/2". Drilled plug and resumed drilling.

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

SIGNED Gerardo Goodlett TITLE Production Supervisor DATE 10-7-85

(This space for Federal or State office use)

APPROVED BY ACCUMULATED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 11 1985

*See Instructions on Reverse Side