

Form 3160-5
(November 1983)
(Formerly 9-331)

NOV 4 1985

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.

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

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

CLSF

| | |
|---|---|
| 1. ARTESIA, OFFICE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM 24848 |
| 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 One Tree Unit |
| 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 | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | 9. WELL NO. 2 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6584' GR | 10. FIELD AND POOL, OR WILDCAT Wildcat - <i>The Francisco</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 |

13. 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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <input type="checkbox"/> | (Other) <u>Lost circulation plugs</u> <input checked="" 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.) *

10-9-85. Lost circulation at 1449'. Set lost circulation plugs as follows:
Plug #1: Set cement plug at 1459' w/75 sx C1 C w/10#/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2.
Plug #2: Set cement plug at 1459' w/75 sx C1 C w/10#/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2, plus 50 sx C1 C w/2% CaCl2. PD 10:15 AM 10-9-85.
Plug #3: Set cement plug at 1459' w/75 sx C1 C w/10#/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2, plus 50 sx C1 C w/2% CaCl2. PD 10:15 PM 10-9-85. Tagged cement at 1458'.
Plug #4: Set cement plug at 1455' w/50 sx C1 C w/4% CaCl2. PD 3:30 AM 10-10-85.
Plug #5: Set cement plug at 1455' w/75 sx C1 C w/4% CaCl2. PD 8:45 AM 10-10-85. Tagged at 1458'.
Plug #6: Set cement plug at 1455' w/75 sx C1 C w/4% CaCl2. PD 12:15 PM 10-10-85. Tagged at 1457'.
Plug #7: Set cement plug at 1428' w/75 sx C1 C w/10#/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2, plus 50 sx C1 C w/3% CaCl2. PD 3:15 PM 10-10-85. Tagged at 1456'.
Plug #8: Set cement plug at 1428' w/75 sx C1 C w/10#/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2, plus 50 sx C1 C w/3% CaCl2. PD 5:45 PM 10-10-85. Tagged at 1448'.
Plug #9: Set cement plug at 1428' w/50 sx C1 C w/10/sx Hiseal, 1/2#/sx Celloseal and 3% CaCl2, plus 50 sx C1 C w/3% CaCl2. PD 8:00 PM 10-10-85. Tagged at 1300'.
Drilled out 9:00 AM 10-11-85 and lost circulation at 1451'. Set two cement plugs as follows:
Plug #1 set at 1312' and cemented w/50 sx C1 C w/3% CaCl2. PD 5:15 AM 10-12-85. WOC. Tagged cement at 1365'. Plug #2 set at 1312'. Cemented w/25 sx C1 C w/3% CaCl2. PD 9:30 AM 10-12-85. WOC. Drilled out and reamed hole to 12-1/4".

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

SIGNED *Isabella Goodlett* TITLE Production Supervisor DATE 10-29-85

(This space for Federal or State office use)

APPROVED BY *SWD* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1985

*See Instructions on Reverse Side