

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

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

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

CLSF

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"/>	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, or, etc.) 6584' GR	10. FIELD AND POOL, OR WILDCAT Wildcat - in Cambrian
	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

RECEIVED BY
DEC 12 1985
O. C. D.
ARTESIA, OFFICE

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"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Test well, perforate	
(Other)		(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.)*

10-28-85. Lost returns at 2669'. Drilled with no returns.
10-29-85. Logged.
11-16-85. Ran tubing to TD, swab test, all water, no shows. Spot 165 sacks cement plug. WOC. Tagged at 2667'.
11-25-85. Spot 100 sx cement plug @2667'. WOC. Tagged @2642'. Set RBP at 2335' and packer at 2252'. No show of oil or gas.
11-28-85. Pulled packer and RBP. Set plug at 2252'. Ran RTTS and set at 2228'. Recement 9-5/8" casing w/100 sx Class "C" Thixset w/3% CaCl2, 10# Gilsonite and 1/2# Flocele. Tailed in w/100 sx Class "C" w/10% Gilsonite, 2% CaCl2 and 1/4# Flocele. POOH.
11-29-85. Ran cement retainer and set at 2242'. Pumped 100 sx Class "C" w/10% Gilsonite, 1/2# Flocele and 4% CaCl2.
11-30-85. WIH and perforated 2220-2237' w/10 .50" holes.
Swabbed well, all water, no show of gas or oil. Ran bond log. No cement bond. Prep to drill retainer and recement 9-5/8" tubing.

18. I hereby certify that the foregoing is true and correct
SIGNED Karanta Goodlet TITLE Production Supervisor DATE 12-6-85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
ACCEPTED FOR RECORD

DEC 11 1985

*See Instructions on Reverse Side