	UNIT STATES ARTMENT JF THE INTE UREAU OF LAND MANAGEME		Form approved. Budget Bureau N Expires August 5. LEASE DESIGNATION A NM 24848	81, 1985 C ND BREIAL NO.
SUNDRY I	NOTICES AND REPORTS proposals to drill or to deepen or phy PPLICATION FOR PERMIT—" for suc	S ON WELLS ug back to a different reservoir. ch proposals.)	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1			7. UNIT AGREEMENT NAME	
WELL X WELL OT	One Tree Unit			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	C		
Yates Petroleum Cor 3. ADDRESS OF OPERATOR	9. WBLL NO.			
At surface	Artesia, NM 88210 ation clearly and in accordance with 510 FWL, Section 29-T18	Any State equirements. BS-R16E JUN 26 1986 O. C. D.	10. THELD AND POOL, OR Wildcat 11. IRC., T., R., M., OR BU BURYBY OR ARBA UTIT M, Sec.	.x. and 29 - 185-16E
11. PERMIT NO.	15. ELEVATIONS (Show whethe	er DF, RT, GL etc.) ARTESIA, OFFICE	12. OUNTY OR PARISH	
13. PERMIT NO. PI #30-005-62276	15. ELEVATIONS (Show whethe	er DF, BT, GL etc.) ARTESIA, OFFICE	12. OUNTY OR PARISH Chaves	NM
PI #30-005-62276	6584' GR	e Nature of Natice, Report, or C	Chaves Other Data	
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PI #30-005-62276	ck Appropriate Box To Indicat	e Nature of Natice, Report, or C	Chaves Other Data	<u>NM</u>
PI #30-005-62276	6584' GR ck Appropriate Box To Indicat F INTENTION TO :	e Nature of Natice, Report, or C	Chaves Other Data	
DI #30-005-62276 Cher NOTICE OF TEST WATER SHUT-OFF	6584' GR ck Appropriate Box To Indicate F INTENTION TO : PELL OR ALTER CASING	e Nature of Natice, Report, or C subsequ wates shut-off	Chaves Other Data ENT REPORT OF: BEPAIRING W	

12-6-85. Drilled out cement retainer and cement to 2252'. Could not move plug. Pumped 1000# Barite and 6000# 20/40 sand in 5 stages to get a bridge. Pumped 200 sx Class "C" cement. Squeezed to 1700 psi. Reversed out 17 bbls. Tested plug to 1100 psi, plug held. Plug tagged at 2185'.

12-14-85. WIH and perforated $2176-84\frac{1}{2}$ ' w/8 .50" holes as follows: 2176, 77, 78, 79, 80, 81, 82 and $84\frac{1}{2}$ '. Swabbed well for days - no shows.

Well has been turned over to U. S. Forest Service for a water well.

18. I hereby certify that the foregoing if true and correct SIGNED an take to do dett	TITLE Production Supervisor	DATE
(This space for Federal or State office use) Of G, Sid, Charles, S. S. Sid, APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE 6 24 84

*See Instructions on Reverse Side