

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

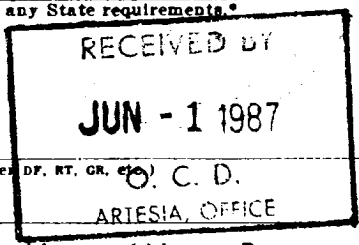
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC 029437</u> <u>4/SF</u>
2. NAME OF OPERATOR <u>Yates Petroleum Corporation</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>105 S. 4th St., Artesia, NM 88210</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>330' FSL & 510' FWL, Sec. 20-16S-31E</u>	8. FARM OR LEASE NAME <u>Grier</u>
	9. WELL NO. <u>3</u>
	10. FIELD AND POOL, OR WILDCAT <u>Square Lake G-SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Unit M, Sec. 20-T16S-R31E</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>O. C. D.</u> <u>ARTESIA, OFFICE</u>
	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>NM</u>



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 COMPLETION <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 checked="" 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.)*

The subject well failed to pass a recent bradenhead survey test. We propose to temporarily correct the problem by loading the 2 3/8" tubing x 5 1/2" casing annulus with a Halliburton product, Angard (Anjel), which is intended for this type of application. Angard will be pumped down the annulus to a depth of 2000 feet before setting the packer. After the packer is set, an additional 10 barrels will be displaced out holes in the casing between 1000 to 1075 feet which were located during earlier testing. After sufficient time is allowed for the gel to set, the bradenhead is expected to test successfully. A copy of Halliburton literature and papers on the Angard product are attached for your review.

The proposed temporary repair of this well is considered a test of the product. If successful, it is hoped that it may provide an economical means of repairing other wells until such time as they can be permanently repaired for use in enhanced recovery projects. We believe that this may reduce the need to prematurely plug wellbores which have beneficial future use.

VERBAL APPROVAL BY JOE LARA, BLM-ROSWELL, ON 5/20/87.

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

SIGNED <u>Albert R. Hall</u>	TITLE <u>Engineer</u>	DATE <u>5/20/87</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sgd. Linda S. C. [Signature]</u>	TITLE <u></u>	DATE <u>5 29 87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side