

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

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

ckf

5. LEASE DESIGNATION AND SERIAL NO.

LC 029437

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grier

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Square Lake Grayburg-SA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Unit C, Sec. 29-T16S-R31E

12. COUNTY OR PARISH 13. STATE

El dy

NM

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 ☐ GAS WELL ☐ OTHER ☒ P&A

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

105 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

810' FNL & 1980' FWL, Sec. 29-T16S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, OR, etc.)

RECEIVED BY

FEB 26 1987

O. C. D.

ARTESIA OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

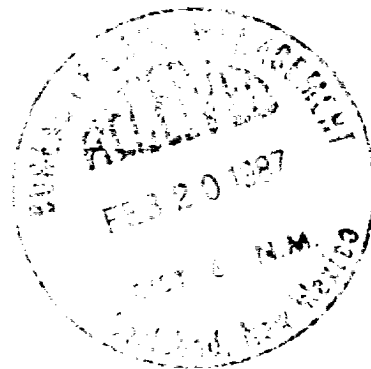
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

Plugged well as follows:

Set 30 sx cement plug at 3275'. Tagged at 2975'. Pressure tested to 500 psi.  
Perforated 4'shots at 1650'. Squeezed w/65 sx cement. Pressure tested plug,  
plug not there. Squeezed w/65 sx cement w/no pressure. WOC 4 hrs. Could not tag plug.  
Set 65 sx cement w/2% CaCl plug at 1688'. Tag plug at 1627'. Tested to 500 psi.  
Perforated 565' w/4 shots. Squeezed perfs at 565' w/95 sx cement. Circulate to surface.  
Spot 15 sx plug, tag at 380'.  
Set 7 sx cement surface plug.  
Cut off anchors. Clean location.

Plugging completed 2-18-87.



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

SIGNED

TITLE Production Supervisor

DATE 2-19-87

(This space for Federal or State office use)

APPROVED BY

Acting Area Manager

TITLE

DATE

2-24-87

CONDITIONS OF APPROVAL, IF ANY:

Approved for...  
Liability under bond is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side

Post ID-2  
1-27-87  
P&A