

NM OIL, CONS. **UNITED STATES**  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

45F

**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 <b>WIW</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC 060543</b>
2. NAME OF OPERATOR <b>Yates Petroleum Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>207 South 4th St., Artesia, NM 88210</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980 FNL &amp; 1980 FEL, Sec. 29-T16S-R31E</b>		8. FARM OR LEASE NAME <b>Bruning</b>
14. PERMIT NO.		9. WELL NO. <b>3</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3952' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>Square Lake Grayburg SA</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Unit G, Sec. 29-16S-31E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>NM</b>

RECEIVED BY  
OCT 15 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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <b>Bradenhead test, repair well</b>			<input checked="" 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.)

9-11-85. Changed 5-1/2" bradenhead and test casing to 300#. Leaked to 100# in 2 minutes. Witnessed by BLM, but would not be accepted. Found hole between 1857' and 1888'. Found small leak approximately 300'.

9-12-85. Isolated leak in top between 407-439'. Used backhoe and dug down to 8-5/8" bradenhead. Added 6'8" of 8-5/8" casing to bring 8-5/8" to ground level.

9-13-85. Casing stuck at 489'. Backed off at 484'. Pulled and replaced 4 jts 5-1/2" casing. Tested casing 3010-2400' to 500#, OK. Squeezed hole between 1857-1888' w/50 sx Cl "C" + 3% CaCl2 to 800#.

9-16-85. Drilled cement from 1740-1852'. Had water flow after drilling cement.

9-17-85. Resqueezed hole between 1857' and 1888' to 1500# w/500 gals Flo-check 21 and 100 sx Type H w/4% CaCl2.

9-18-85. Drilled cement from 1760-1888'. Tested to 500# for 10 minutes, OK. PU 5-1/2" plastic coated production packer on 99 jts 2-3/8" plastic coated tubing. Bottom of packer at 3074'.

9-19-85. Displaced annulus with 58 bbls fresh water. Packer at 3074'. Tested casing to 500# for 15 minutes. OK. Installed injection equipment and returned well to injection.

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

SIGNED *John A. L. Loden* TITLE Production Supervisor DATE 9-25-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE ACCEPTED FOR RECORD DATE \_\_\_\_\_

CONDITIONS OF APPROVAL  
**Subject to  
Like Approval  
by State**

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO