

487

NM OIL CONS. COM 3510N

Drawer DD

Form 9-331
(May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

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.)

RECEIVED
MAR 18 9 25 AM '84
RECEIVED BY
MAR 02 1984
O. C. D.
ARTESIA, OFFICE

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 12832
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FNL & 1650 FWL, Sec. 28-T17S-R25E		8. FARM OR LEASE NAME Federal CD
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3571' GR		10. FIELD AND POOL, OR WILDCAT Eagle Creek SA
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Unit F, Sec. 28-17S-25E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 checked="" 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 type="checkbox"/>
REPAIR WELL <input 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.)*

Spudded 14-3/4" hole 1:15 PM 1-11-84. Ran 8 jts 10-3/4" 40.5# J-55 casing set 325'. 1-Texas Pattern notched guide shoe set 325'. Insert float set 290'. Cemented w/225 sacks Class C 2% CaCl2. Compressive strength of cement-1250 psi in 12 hrs. PD 9:30 PM 1-11-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 15 sacks. Drilled out 10:45 AM 1-12-84. WOC 19 hrs and 15 minutes. Cut off and welded on flow nipple. Tested casing to 1000 psi for 30 minutes, okay. Reduced hole to 9-7/8". Drilled plug and resumed drilling. TD 1156'. Ran 26 jts of 7" 23# J-55 casing set 1156'. 1-Texas Pattern notched guide shoe set 1156'. Insert float set 1112'. Cemented w/225 sacks Pacesetter Lite, 1/4#/sx celloseal, 3% CaCl2. Tailed in w/200 sacks Class C 2% CaCl2. Compressive strength of cement-1250 psi in 12 hrs. PD 12:30 PM 1-13-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. WOC 6 hrs. Ran Temperature Survey and found top of cement 840'. Ran 1". Tagged cement 830'. Spotted 100 sx Class C 4% CaCl2. PD 8:30 PM 1-13-84. WOC 2 hrs. Ran 1". Tagged cement 576'. Spotted 50 sacks Class C 4% CaCl2. PD 11:00 PM 1-13-84. WOC 2 hrs. Ran 1". Tagged cement 416'. Spotted 50 sacks Class C 4% CaCl2. PD 1:30 AM 1-14-84. WOC 2 hrs. Ran 1". Tagged cement 416'. Spotted 50 sacks Class C 4% CaCl2. PD 4:15 AM 1-14-84. WOC 2 hrs. Ran 1". Tagged cement 320'. Spotted 100 sacks Class C 4% CaCl2. PD 7:00 AM 1-14-84. WOC 4 hrs. Cement circulated 10 sacks. WOC. Drilled out 12:00 PM 1-14-84. WOC 23 hrs and 30 min. NU and tested to 1000 psi for 30 minntes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED <u>Peter W. Chester</u>	TITLE <u>Production Supervisor</u>	DATE <u>1-17-84</u>
(This space for Federal or State office use)		
APPROVED BY <u>PETER W. CHESTER</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL IF ANY <u>FEB 28 1984</u>		