

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTN.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*5. Lease Serial No.
NM-99028
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No.
Logan ASO Federal Com #2
9. API Well No.
30-015-31531
10. Field and Pool, or Exploratory Area
Logan Draw Morrow
11. County or Parish, State
Eddy Co., NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other
2. Name of Operator
Yates Petroleum Corporation
- 3a. Address
105 S. 4th St. - Artesia, NM 88210
- 3b. Phone No. (include area code)
505-748-1471
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1600' FNL & 1260' FEL of Section 15-T17S-R27E (Unit H, SENE)

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Intermediate
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	casing & cement
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TD 1660'. Reached TD at 1:45 PM 1-9-2001. Ran 40 joints of 8-5/8" 24# J-55 (1665.44') of casing set at 1660'. 1-Texas Pattern notched guide shoe set at 1660'. Float collar set at 1621'. Cemented with 550 sacks Halliburton Lite C, 1/4#/sack flocele and 5#/sack salt (yield 2.0, weight 12.6). Tailed in with 200 sacks Class C Premium Plus with 2% CaCl2 (yield 1.34, weight 14.8). PD 8:15 PM 1-9-2001. Bumped plug to 900 psi, OK. Circulated 115 sacks. WOC. Nippled up and tested to 1000# for 30 minutes, OK. Drilled out at 6:15 PM 1-10-2001. WOC 22 hours. Reduced hole to 7-7/8". Resumed drilling.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Rusty Klein

Title Operations Technician

Signature

Date February 9, 2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

(ORIG. SGD.) DAVID H. GLASS
FEB 20 2001

Office

RECEIVED

FEB 16 2001

BLM

BOZEMAN, MT