

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
250' FSL & 250' FEL (SESE, Unit P) of Section 31-T17S-R30E

5. Lease Designation and Serial No.

NMLC028936G

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Brigham #3

9. API Well No.

30-D15-04397

10. Field and Pool, or Exploratory Area

Loco Hills Q-GB-SA

11. County or Parish, State

Eddy Co., NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Casing Integrity Test

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Please see attached chart for the Casing Integrity Test that was performed on July 25, 1995.
NOTE: Test was not witnessed by BLM or OCD.

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

Signed

Rusty Klen

Title Production Clerk

Date July 28, 1995

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

BU SERVICES

25-JUL-95

DATE

12:57:58

TIME

JUSTINER Yates

JUSTINER

UNIT REP. Delton

UNIT

ICELL Brigham 3

ICELL

BU TYPE Press. Test

BU TYPE

CHIP

BU TYPE REP.

START JOB

12:59:00

13:00:02

13:01:04

13:02:06

13:03:09

13:04:11

13:05:14

13:06:16

13:07:19

START JOB

13:42:43

13:43:46

13:44:48

13:45:51

13:46:53

13:47:56

13:48:58

13:50:02

13:51:03

13:52:07

13:53:09

13:54:12

13:55:14

13:56:18

13:57:20

13:58:24

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