

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMP
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMDG-3160-4

158

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P&A		FEB 26 '90	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1671	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL, Sec. 27-T18S-R24E		5. LEASE DESIGNATION AND SERIAL NO. NM 0558263	
14. PERMIT NO. 30-015-00148		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
NOTICE OF INTENTION TO:		7. UNIT AGREEMENT NAME N/A	
TEST WATER SHUT-OFF <input type="checkbox"/>		8. FARM OR LEASE NAME Federal AA	
FRACTURE TREAT <input type="checkbox"/>		9. WELL NO. 1	
SHOOT OR ACIDIZE <input type="checkbox"/>		10. FIELD AND POOL, OR WILDCAT Penasco Draw-SA-Yeso	
REPAIR WELL <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 27-18S-24E	
(Other) <input type="checkbox"/>		12. COUNTY OR PARISH Eddy	
PULL OR ALTER CASING <input type="checkbox"/>		13. STATE NM	
MULTIPLE COMPLETE <input type="checkbox"/>			
ABANDON* <input checked="" type="checkbox"/>			
CHANGE PLANS <input type="checkbox"/>			
WATER SHUT-OFF <input type="checkbox"/>			
FRACTURE TREATMENT <input type="checkbox"/>			
SHOOTING OR ACIDIZING <input type="checkbox"/>			
(Other) <input type="checkbox"/>			

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.) *

Propose to plug well as follows:
Set CIBP at 2264' w/50' cement cap.
Set plug 1750-2020' (cover Yeso and Glorieta). Tag plug.
Cut off casing at 1040' and pull.
Set plug 880-1090' (50' in and out 8-5/8" & 50' in and out of 5 1/2" stub). Tag plug.
Set 50' surface plug.
Cut off wellhead and install dry hole marker.
Clean location and level.
All plugs will have salt mud between them.

NOTIFY BLM, CARLSBAD, NM, 24 HOURS IN ADVANCE OF PLUGGING.

PLUGGING PROGRAM APPROVED PER ADAM, BLM, CARLSBAD, NM.

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

SIGNATURE [Signature] TITLE Production Supervisor DATE 2-21-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-23-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side