

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructions  
verse side)

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A  | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>Yates Petroleum Corporation  | 8. FARM OR LEASE NAME<br>Ballard B   |
| 3. ADDRESS OF OPERATOR<br>105 South 4th St., Artesia, NM 88210  | 9. WELL NO.<br>5   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' FNL & 330' FEL, Sec. 1-18S-29E | 10. FIELD AND POOL, OR WILDCAT<br>Loco Hills-Q-G-SA                          |
| 14. PERMIT NO.  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Unit A, Sec. 1-T18S-R29E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3537' KB  | 12. COUNTY OR PARISH<br>Eddy   |
|   | 13. STATE<br>NM  |

RECEIVED BY  
MAY 11 1987  
O. C. D.  
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Plugged well as follows:

12-9-86. Circulated hole w/75 bbls water.

Spotted 150 sx Class C plug with 2% CaCl2 at 2780'. Tagged at 2300'.

Spotted additional 25 sx Class C cement w/4% CaCl2 to fill from 2300-2150'.

Circulated w/10# brine gel at 2020'. Tagged cement at 2130'.

Perforated squeeze holes at 1120'. Tested perfs at 1120' to 500 psi, could not pump in.

Spotted 30 sx Class C plug w/4% CaCl2 from 1157-1057'.

Perforated squeeze hole at 420'. Cemented w/75 sx Class C w/4% CaCl2. Got communication behind tubing. Tagged cement at 270'. Tested squeeze to 500 psi, OK.

Set 20 sx cement plug to surface.

Cut off wellhead. Installed dry hole marker.

WITNESSED BY BLM.

Plugging completed 12-11-86.

DEC 16 1986

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

SIGNED

TITLE Production Supervisor

DATE 12-12-86

(This space for Federal or State office use)

APPROVED BY

Acting Area Manager

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Post ID-2  
1-2-87  
P&A