

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

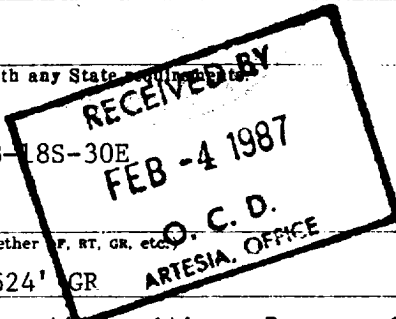
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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	5. LEASE DESIGNATION AND SERIAL NO NM 01159
2. NAME OF OPERATOR Yates Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 S. 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1650' FSL & 1650' FEL of Sec 3-18S-30E	8. FARM OR LEASE NAME Nelson-Yates MR Federal
14. PERMIT NO. API #30-015-23129	9. WELL NO. 1
15. ELEVATIONS (Show whether F, RT, GR, etc.) 3524' GR	10. FIELD AND POOL, OR WILDCAT Loco Hills-Q-Grbg.-SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 3-T18S-R30E
	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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Plugged and abandoned well as follows:

Spot 35 sx Class "C" w/4% CaCl₂ at 3390-3140'. Tagged at 3148'.

Spot 25 sx Class "C" w/4% CaCl₂ at 1477-1377'. Tagged at 1270'.

Circulate with 10# brine gel.

Perforated 2 squeeze holes at 510'. Installed cement head on 5-1/2" casing.

Establish circulation to surface between 5-1/2" and 8-5/8" casing. Mixed

140 sx Class "C" with 2% CaCl₂. When cement got to surface, shut valve on

8-5/8" Bradenhead. Dropped cement plug and squeezed perforations at 510' w/400# surface pressure (2 bbls).

Installed dry hole marker and cleaned location.

Plugging completed 1-28-87.

Permission for plugging procedure given by Mr. David Glass, BLM, Roswell, NM.

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

SIGNATURE Juanita Doolittle TITLE Production Supervisor DATE 1-29-87

(This space for Federal or State office use)

APPROVED BY Area Manager TITLE DATE 2-3-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-2
2-13-87
P4A