

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPLICATE
(COMMISSIONER'S
OFFICE USE)
verse side

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

clsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME West Loco Hills Unit 10A
2. NAME OF OPERATOR Yates Petroleum Corporation	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL & 2310 FWL, Sec. 3-T18S-R29E	10. FIELD AND POOL, OR WILDCAT Loco Hills Grbg-Qa-SA
14. PERMIT NO. API # 30-015-25583	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 3-T18S-R29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3510' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
MAR 18 1986
O. C. D.
ARTESIA OFFICE

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"/>	PCCL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 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.)*

Spudded 12-1/4" hole at 1:45 PM 3-3-86. Lost returns at 85'. Ran 8 jts 8-5/8" 24# J-55 casing set at 352'. 1-Texas Pattern shoe set 352'. Insert float set 310'. Cemented w/150 sx Class C w/1/2#/sx Celloseal + 2% CaCl2. PD 8:00 PM 3-3-86. Compressive strength of cement - 1250 psi in 12 hrs. PD 8:00 PM 3-3-86. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. Tagged up at 85' w/ wireline. Redi-mix to surface with 4 yards. WOC. Tested BOP and casing to 1000# for 30 minutes before drill out. Drilled out 8:15 AM -34-86. WOC 12 hrs and 15 minutes. Cut off and welded on flow nipple. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

TD 3000'. Ran 77 jts 5-1/2" 15.5# J-55 casing set at 3000'. 1-Cement nose guide shoe set 3000'. Super seal float collar set 2961'. Cemented w/300 sx Pacesetter Lite w/8#/sx salt and 1/4#/sx Celloseal. Tailed in with 475 sx Class C w/1.3% CF-14, .2% AFS and .4% TF-4. Compressive strength of cement - 900 psi in 12 hrs. PD 7:30 PM 3-8-86. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. Cement circulated 50 sx to pit. WOC 18 hrs. WOCU

ACCEPTED FOR RECORD

SwD
MAR 17 1986

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

SIGNATURE *Carlsbad* TITLE Production Supervisor DATE 3-11-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side