

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse 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 checked="" type="checkbox"/> OTHER	RECEIVED BY NOV 14 1986 O.C.O.	5. LEASE DESIGNATION AND SERIAL NO. NM 65392
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FNL & 800' FEL, Sec. 30-T18S-R27E		8. FARM OR LEASE NAME Compromise AEJ Federal Com
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Und. East Lake Morrow
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 30-T18S-R27E
14. PERMIT NO. API #30-015-25665	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3281' GR	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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 26" hole at 7:50 PM 10-29-86. Set 62' of 20" conductor pipe. Notified Vince Balderaz, BLM, of spud. MIRT.  
Resumed drilling 17-1/2" hole 9:00 AM 11-1-86. Ran 10 joints 13-3/8" 54.5# J-55 casing set 398'. 1-Type M guide shoe set 398', insert float set 355'. Cemented w/400 sacks Class "C" with 2% CaCl<sub>2</sub>. Compressive strength of cement - 1250 psi in 12 hrs. PD 11:30 PM 11-1-86. Bumped plug to 500 psi, released pressure and float held okay. Cement circulated 30 sacks. WOC. Drilled out 5:30 PM 11-2-86. WOC 18 hrs. Cut off and welded on flow nipple. Reduced hole to 12-1/4". Drilled plug and resumed drilling.

ACCEPTED FOR RECORD

NOV 12 1986

CARLSBAD, NEW MEXICO



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

SIGNED Leanita Probert TITLE Production Supervisor DATE 11-4-86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side