

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
on reverse side)

Form approved
Budget Bureau No. 1004-1
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 <input type="checkbox"/>	RECEIVED BY NOV 14 1986 O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR Yates Petroleum Corporation	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	
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	

5. LEASE DESIGNATION AND SERIAL NO. NM 65392
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
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., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 30-T18S-R27E
12. COUNTY OR PARISH Eddy
13. STATE NM

14. PERMIT NO. API #30-015-25665
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3281' GR

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 COMPLETE	<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 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) Intermediate Casing	<input checked="" type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

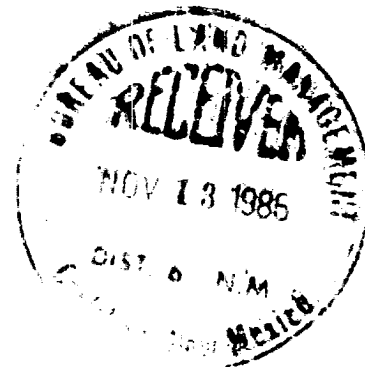
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Ran 31 joints 8-5/8" 24# J-55 casing set 1248'. 1-Type M casing shoe set 1245', insert float set 1208'. Cemented w/450 sx Halliburton Lite with 2% CaCl and 1/4# flocele. Tailed in w/250 sx Class "C" w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 7:30 PM 11-3-86. Bumped plug to 700 psi, released pressure and float held okay. Cement circulated 25 sacks. WOC. Drilled out 8-5/8" casing at 5:15 PM 11-4-86. WOC 21 hrs and 45 min. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

ACCEPTED FOR RECORD

Gud
NOV 13 1985

CARLSBAD, NEW MEXICO



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

SIGNED *Antonio D. Doolittle*

TITLE Production Supervisor

DATE 11-11-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side