Form 31605 (November 1983) (Formerly 9331) BUREAU OF LAND MA	IE INTERIOR (Other Instructions re-	5. LEASE DESIGNATION AND BERIAL S. CISE NM 56226
SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMI	EPORTS ON WELLS eepen or plug back to a different Field of r. To for such proposals.)	6. IF INDIAN, ALLOTTNE OR TRIBE NAME
J. OIL GAS WELL X GAS WELL OTHER	JUN 28 '88	7. UNIT AGBERMENT NAME 8. FARM OR LEAST NAME
 NAME OF OPERATOR Yates Petroleum Corporation ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 882 LOCATION OF WELL (Report location clearly and in accord 		New Deal AFD Federal 9. WELL NO. 1 10. FIELD AND FOOL DE WILDCAT
See also space 17 below.) At surface 1980' FNL & 760' FEL		Ponasco Draw SA Yeso 11. SEC., T., B., M., OR BLE. AND BURVEY OF ALEA
	Show whether DF, RT, GR, etc.)	Unit H, Sec. 6-T18S-R25E 12. COUNTY OR PARISH Eddy NM
API #30-015-25922 16. Check Appropriate Box T	3609.5' GR o Indicate Nature of Notice, Report, or C	
NUTICE OF INTENTION TO :	SUBSEQU	BENT REPORT OF :
TEST WATER SHUT-OFF PULL OR ALTER CASE FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANLON* REPAIR WELL CHANGE PLANS (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st. proposed work. If well is directionally drilled, give inert to this work.)*	PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Intermedia (Note: Report results Completion or Recompl ate all pertinent details, and give pertinent dates,	of multiple completion on Well letion Report and Log form.) including estimated date of starting any
WOC 1-1/4 hrs. Stage 2: Tagged cement 372'. Spo WOC 1 hr.	guide shoe set 1070', insert /sx Hiseal + 1/2#/sx Celloseal Class C with 2% CaCl2 (yield 500 psi, released pressure and	float set 1028'. Cemented and 3% CaCl2 (yield 1.8, 1.32, weight 14.8). PD float held okay. Cement d top of cement 460'. Cl2. PD 5:45 AM 6-4-88. Cl2. PD 7:15 6-4-88.
Circulated 5 sx to pit. WOC 8 hrs and tested to 1000 psi for 30 minu drilling.	s. Drilled out 6:30 PM 6-4-8.	WOC 19 hrs total. NU
		RECEIVI
18. I hereby certify that the foregoing is true and correct SIGNED carita bo dler	TITLE Production Supervisor	DATE 6-7-88-
(This space for Federal or State office use)	<u></u>	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE	DATE
*Sei	e Instructions on Reverse Side	SDS