

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
CONTACT RECEIVING  
OFFICE FOR MUD  
OF COPIES REQUIRED  
(Other Instructions on re-  
verse side)  
BLM CARLSBAD

MM Roswell District  
Modified Form No.  
ND60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		MAY 17 '90		5. LEASE DESIGNATION AND SERIAL NO. LC 064488E	
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		3a. Area Code & Phone No. 505/748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		ARTESIA, OFFICE		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 FSL and 660 FWL				8. FARM OR LEASE NAME Scheurich Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Penasco Draw SA Yeso	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 3, T19S, R25E	
14. PERMIT NO.		15. ELEVATION (Show whether DF, RT, OR, etc.) 3524' DF		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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 checked="" 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)	<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.)\*

Pursuant to your letter of March 30, 1990 regarding casing integrity tests we propose to plug and abandon the well. The following is a proposed procedure:

1. Load hole with brine mud.
2. Set 25 sx cement plug at T.D. at 1858'. TAG PLUG.
3. Set 35 sx cement plug from 1100' to 1350'.
4. Set 50 sx cement plug from 913' to 813'. TAG PLUG.
5. Set 10 sx plug at surface.
6. Install dry hole marker. Clean and level location.

RECEIVED  
MAY 10 11 06 AM '90  
CIT AND

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

SIGNED Juanita Gooden

TITLE Production Supervisor

DATE 05-04-90

(This space for Federal or State office use)

APPROVED BY Adam Salameh

TITLE

DATE 5/15/90

CONDITIONS OF APPROVAL, IF ANY:

1. NOTIFY BLM PRIOR TO COMMENCING PLUGGING OPERATION.
2. CEMENT TOP 50 FEET OF EVERY ANNULUS.

\*See Instructions on Reverse Side