

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL & GAS COMMISSION

SUBMIT IN TRIPL
(Other instructions
large side)

Form approved.
Budget Bureau No. 1004-01-5
Expires August 31, 1988

CLSP

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.)

RECEIVED

LC-862876

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. DATE RECEIVED

8. NAME OR LEASE NAME

AREA

Lane Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Red Hills Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 29-19S-30E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL ☒ GAS ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Drilling Company

MM-T '89

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990' FSL & 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether Dr, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

4-11-89 Rigged up unit. POH with rods, pump and tubing. RIH with casing scrapper to 1600'. No build-up. TOH. Set wireline CIBP at 1570'. TIH with tubing to 1570' and tagged plug. Pulled up 2'. Circulated cement. TOH with tubing. Top out casing with cement.

4-12-89 Installed dry hole marker and leveled location.

Ready for inspection.

Post ID-2
5-5-89
P & A

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

SIGNED

Loren J. Luskman

TITLE

Production Clerk

DATE

4-14-89

(This space for Federal or State office use)

APPROVED BY

Shannon J. Shaw

FOR:
TITLE

DATE

4-25-89

CONDITIONS OF APPROVAL, IF ANY:

Approved on the condition of the well being
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side