

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMOG-3160-4

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.)

RECEIVED

FEB - 5 '90

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER RE-ENTRY		3a. Arch Code & Phone No. 505-748-5171		5. LEASE DESIGNATION AND SERIAL NO. NM 39120	
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 & 1980' FWL, Sec. 6-20S-24E				8. FARM OR LEASE NAME Gulf AGT Federal	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Wildcat	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 6-T20S-R24E	
14. PERMIT NO. 30-015-20344		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3927.4' GR		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 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) Re-entry	<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.)*

1-18-90. Dug out wellhead. NU 8-5/8" to surface.
1-19-90. Dumped 6yds redi-mix between 8-5/8" and 13-3/8" annulus.
1-23-90. Drilled out surface plug. Drilled thru plug and ran to 1000'. Circulated bottoms up, wet to 1954. Pressure test BOP and 8-5/8" casing to 1000 psi. RIH to 2180' and tagged next plug. Drilled cement to 2290'. Fell out of cement and ran down to 2800'. Circulated. Went to 3429' and tagged. Circulated down to plug at 3700'. Drilled thru plug at 3785'. Washed down to 4152' and 5350'. Did not tag plug. Washed down to 5443'. TOH. TIH w/nipple and 3 1/2" tubing to 5250'. Started swabbing hole down to test Abo.

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

SIGNATURE Quanita Goodlett TITLE Production Supervisor DATE 1-25-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 2 1990

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO