

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

LEASE DESIGNATION AND SERIAL NO.

NM 13621

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Plugback		3a. Area Code & Phone No. 505/748-1471		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION				7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		RECEIVED		8. FARM OR LEASE NAME Amoco QT Federal
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. 29-T19S-R24E		SEP 29 '89		9. WELL NO. 1
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3818.5' GR		10. FIELD AND POOL, OR WILDCAT Undesignated
		ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 29-19S-24E
				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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Plugback, perforate, treat	<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.)\*

8-25-89. Perforated Canyon 7455-7496' w/12 - .42" holes. Acidized w/2000 gals 15% MCA.  
8-31-89. Swabbed dry. No show of gas.  
9-1-89. Found hole in casing at 3852'. Set CIBP 6120', retainer set 5951'. Established circulation. Pumped 500 g. mudflush, 500 sx Lite and 350 sx Class C w/2% gel thru perfs 6019-64'. Displaced. Pull tubing to 3850'. Displaced down 4 1/2" casing. Reversed down 9-5/8" thru 2-3/8" tubing. POH. WIH and set retainer at 3758'. Cemented w/250 g. mudflush, 400 sx Lite and 300 sx Class C. Drilled out cement retainer to 5788'.  
9-8-89. Perforated 5327-5331' w/5 .42" holes and 4934-36', 4938-43' w/9 .42" holes. Treated perfs 5327-31' w/1000g. 20% NEFE acid. Swabbed dry. No show oil or gas.  
9-13-89. Set retainer at 4919'. Cemented w/100 sx Class C. Pull out of retainer. Circulate hole.  
9-15-89. WIH and perforated 3921-4609' w/35 .35" holes as follows: 3921, 26, 84, 90, 4019, 21, 48, 52, 75, 90, 4104, 20, 29, 33, 39, 42, 50, 67, 73, 77, 82, 86, 93, 4536, 42, 45, 63, 71, 74, 80, 86, 93, 99, 4603 and 4609'. Treated perfs 4536-4609' w/2500 g. 20% NEFE acid. Treated perfs 3921-4193' w/4000 gls 20% NEFE acid.  
9-20-89. Swabbed dry.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 9-21-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

SJS