

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

| | |
|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | RECEIVED BY DEC 26 1984 O. C. D. ARTESIA, OFFICE |
| 2. NAME OF OPERATOR Yates Petroleum Corporation | |
| 3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830 FNL & 660 FEL, Sec. 4-T19S-R30E | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3419' GR |

| | |
|--|-----------------|
| 5. LEASE DESIGNATION AND SERIAL NO. NM 8673 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME Benson Deep Unit | |
| 8. FARM OR LEASE NAME Benson Deep Unit | |
| 9. WELL NO. 5 | |
| 10. FIELD AND POOL, OR WILDCAT Undes. Morrow | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 4-19S-30E | |
| 12. COUNTY OR PARISH Eddy | 13. STATE NM |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Intermediate Casing</u> <input checked="" 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.)*

12-16-84. Ran 47 joints 9-5/8" 36# J-55 ST&C casing set 1900'. 1-Texas Pattern shoe set 1900'. Insert float set 1872'. Cemented w/520 sx Pacesetter Lite w/5# Hi-seal, 1/4# celloseal and 2% CaCl2. Tailed in w/200 sx C1 C w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 8:00 AM 12-15-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 30 sx to pit. WOC. Drilled out 12:30 PM 12-16-84. WOC 28 hrs and 30 mins. NU and tested casing to 1500 psi for 30 minutes, OK. Reduced hole to 8-3/4". Drilled plug and resumed drilling.

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

SIGNED Janita Goodlett

TITLE Production Supervisor

DATE 12-18-84

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL DEC 21 1984

TITLE

DATE

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side