

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88008

SUBMIT IN TRIP!  
(Other instructions  
very guide)

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

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY  OCT 2 - 1985  O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 13621	
2. NAME OF OPERATOR Yates Petroleum Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 207 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 660' FSL & 660' FEL, Sec. 29-T19S-R24E			8. FARM OR LEASE NAME Amoco "QT" Federal	
14. PERMIT NO. API No. 30-015-25367		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3790' GR		9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT Antelope Sink Upper Penn
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 29-T19S-R24E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

16. 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 checked="" 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) <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.)

Spudded 17-1/2" hole 1:00 PM 9-17-85. Ran 8 jts 13-3/8" 54.5# J-55 ST&C casing set 319'. 1-Texas Pattern notched guide shoe set 319'. Insert float set 279'. Cemented w/200 sx C1 "C" w/1/2# Celloseal, 8# Hiseal + 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 5:45 PM 9-19-85. Bumped plug to 1000 psi, released pressure and float held OK. Cement did not circulate. WOC. Drilled out 5:45 AM 9-20-85. Cut off and welded on flow nipple. Reduced hole to 12-1/4". Drilled plug and lost circulation. Lost circulation at 340'. Redi-mixed w/4 yards to surface. Lost cement downhole w/no results. Set lost circulation plug as follows: Pumped 100 sx C1 "C" w/8# Hiseal, 1/2# Celloseal and 3% CaCl2. WOC.

9-24-85. TD 1385'. Ran 33 jts 8-5/8" 24# J-55 casing set 1385'. 1-regular notched guide shoe set 1385'. Insert float set 1343'. Cemented w/250 sx Pacesetter Lite + 3% CaCl2. Tailed in w/200 sx C1 "C" + 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 1:45 PM 9-24-85. Bumped plug to 1000 psi, released pressure, held okay. Cement did not circulate. WOC. Ran 1". Tagged cement 338'. Spotted 35 sx C1 "C" w/3% CaCl2. PD 9:35 PM 9-24-85. WOC 2 hr. Ran 1". Tagged cement 285'. Spotted 25 sx C1 "C" w/3% CaCl2. PD 11:55 PM 9-24-85. WOC 2 hrs. Ran 1". Tagged cement 225'. Spotted 35 sx C1 "C" w/3% CaCl2. PD 2:20 AM 9-25-85. WOC 2 hrs. Ran 1". Tagged cement 120'. Spotted 50 sx C1 "C" w/3% CaCl2. PD 4:45 AM 9-25-85. Circulated 4 sx to pit. Drilled out 7:15 PM 9-25-85. WOC 30 hrs and 30 minutes. NU and tested to 1000# for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

SIGNED Juanita Roddlett TITLE Production Supervisor DATE 9-26-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

SEP 30 1985

\*See Instructions on Reverse Side