

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

c/sr

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 NOV 15 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 OT Federal
14. PERMIT NO. 30-015-25367		15. ELEVATIONS (Show whether DF, 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

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) Production Casing, Perforate <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.)

10-11-85. TD 7680'. Ran 186 jts 5-1/2" casing as follows: 19 jts 5-1/2" 17# J-55; 165 jts 15.5# J-55 and 2 jts 5-1/2" 17# J-55 (total 7694') casing, set at 7680'. Guide shoe set at 7680'. Float collar set at 7638'. Cemented w/130 sx Pacesetter H. Tailed in w/640 sx Class H w/.6% CF-9, .2% TR-4, .2% AFS and 2% KCL. Compressive strength of cement - 1800 psi for 12 hrs. PD 5:00 PM 10-11-85. Bumped plug to 2200# for 10 minutes, released pressure, float and casing held okay. WOC 18 hrs.

10-17-85. Perforated 7446-54' w/16 .50" holes (2 SPF).

10-21-85. Acidized perfs 7446-54' w/1500 gals 15% DS-30 acid, 15 ball sealers + N2. Well flowed 225# on 1/2" choke = 1490 mcfpd.

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

SIGNED [Signature] TITLE Production Supervisor DATE 11-11-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 14 1985

*See Instructions on Reverse Side